

**Atlantic International Bank Limited (in Liquidation)**

**CLAIM FORM 2**

**Unsecured General Creditor**

*Please read the General Instructions-Claim Forms carefully and complete in block letters*

<b>Is this the only type of claim you are filing?</b>		<b>Y/N</b>	<b>State other Type(s):</b>	
<b>CLAIMANT:</b>				
Surname	First Name	Other Name(s)	Identification Type	Identification Number
<b>OR Business Name</b>		Business Type		Registration No.
Address:				
Telephone (home)	Telephone (work)	Telephone (mobile)	E-mail	
<b>CLAIM (1):</b>				<b>For Official Use Only</b>
Basis of Claim - E.g. goods sold, lease, service provided, employment				
Details of the Basis of Claim - E.g. a description of the good or service				
Amount Claimed:		Claim Contract/ Invoice Date:		
\$				
Claim Currency		Account Currency		
Is all or any of the claim pledged/secured?		Y/N		
Has the claim been assigned?		Y/N		
Have you received any payment of the balance from any person or entity? Y/N				
<b>CLAIM (2):</b>				
Basis of Claim - E.g. goods sold, lease, service provided				
Details of the Basis of Claim - E.g. a description of the good or service				
Amount Claimed:		Claim Contract/ Invoice Date:		
\$				
Claim Currency		Account Currency		
Is the deposit pledged/secured?		Y/N		
Has the deposit been assigned?		Y/N		
Have you received any payment of the balance from any person or entity? Y/N				
<b>Note: If more than two claims, please complete additional claim form(s) as necessary</b>				

<b>LOANS AND OTHER LIABILITIES:</b>		<i>For Official Use Only</i>
Do you owe Atlantic International Bank Limited any sum (loan or other liability)?		Y/N
LOANS:		
Loan Date (granted)	Loan Principal	
Interest Rate	Loan Term	
Loan Installments Payable	Last Payment (Date)	
\$	\$	
Last Payment (Amount)	Outstanding Balance	
\$	\$	
OTHER LIABILITIES:		
Do you owe Atlantic International Bank Limited any sum other than the above loan?		Y/N
Please provide information of any sum owed to Atlantic International Bank Limited:		
<b>DECLARATION:</b>		
I/We _____, the claimant(s), make this claim on behalf of _____ and DECLARE that -		
<ul style="list-style-type: none"> <li>(a) no part of the sums claimed from Atlantic Int'l Bank Ltd. has been paid by Atlantic Int'l Bank Ltd. or any other person;</li> <li>(b) no endorsement or assignment of the sums claimed from Atlantic Int'l Bank Ltd. or any part thereof has been given;</li> <li>(c) neither I/We or the entity on whose behalf I/We make this claim have any outstanding loans or other liability owed to Atlantic Int'l Bank Ltd. other than those set out above; and</li> <li>(d) no person, other than Atlantic Int'l Bank Ltd. is liable for the said claim or any part thereof.</li> </ul>		
I/We also CERTIFY that the information provided in this claim as well as the support documents attached are true, complete and correct to the best of my/our information, knowledge and belief.		
Name of the Claimant(s)		
Signatures(s):		
If the Claimant is not a Natural Person -		
Name of Signatory (1):	Position of Signatory(1):	
If applicable,		
Name of Signatory (2):	Position of Signatory(2):	
Name of Signatory (3):	Position of Signatory(3):	
Name of Signatory (4):	Position of Signatory(4):	