

Statement of Claims for Depositors

First St. Vincent Bank Ltd- in Receivership

All depositors (including fixed saving, saving, current account holders) should provide details of their claims to the address below.

If you believe you have a claim, please complete and return this form with supporting documentation as soon as possible.

Address: First St. Vincent Bank Limited, P.O. Box 154, Granby Street, Kingstown, St. Vincent

Tel: (784) 456-1873

Email: FSVB@interpathadvisory.com

1) Name of depositor	
2) Address of depositor for correspondence (Include email address where applicable)	
3) Registered number (if depositor is a company)	
4) Total amount of your claim as at the date of the receivership*	\$
5) Total amount of savings	\$
6) Total amount of deposits	\$
7) Total amount of fixed deposits	\$
8) Other (please specify)	\$
9) If the amount in 4) includes outstanding uncapitalised interest, please state amount	
10) Particulars of any security held over these balances and the value of the security and the date it was given	
11) Details of any documents by reference to which the balance can be substantiated	

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Signature of depositor or person authorised to act on behalf of the depositor	
Name in block capitals	
Position with or relation to the creditor (e.g. director, company secretary, solicitor)	
Address of person signing (if different from 2 above)	
Email address	
Date	

**Receivership date of commencement – May 26, 2023*