

CLAIM IN RESPECT OF MUTILATED, DEMONETIZED AND/OR COUNTERFEIT NOTES

1	Name of Claimant (in full)
2	National Registration No:
3	Address (in full)
4	Occupation
5	What were the circumstances in which the note was/notes were mutilated?
6	From whom (if anyone) did you receive the note/notes?

7 Total value of note/notes as detailed below

\$1.00	\$2.00	\$5.00	\$10.00	\$20.00	\$50.00	\$100.00
Serial No(s).						

Remarks:

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CERTIFICATE

I certify that the foregoing declarations truly state the facts of the case and the grounds on which I claim payment for the note/notes.

Date	Signature of Claimant					
Total amount paid as authorised by an officer of the Central Bank of Barbados						
Authorised Signature	Cashier					
Date	Received By:					
	Claimant					