

CITY CREDIT CAPITAL (UK) LIMITED (In Administration)

Claim for client money balance form

Please complete this document to register your claim with the Company for the return of a client money balance.

As previously advised, all client monies held by the Company continue to be held by the joint administrators of the Company in segregated client money accounts.

The joint administrators will contact you again in due course with details of a distribution plan, outlining the process and timeframe for returning client money balances held by the Company.

Completed Forms should be returned by e-mail to: ccc@btguk.com

Name of Client	
If the Client is a registered company, please state the country or territory in which it is incorporated and the number if any under which it is registered	
E-mail Address	
Postal Address	
Contact telephone number	
Claim amount (please confirm currency if not US Dollar)	\$
Bank account details which should include (as appropriate): <ul style="list-style-type: none">- Account name- Bank- Account Number/IBAN- Sort Code/Swift code	

AUTHENTICATION

Signature:

Name:

Role (if signing for a company):

Date:

The joint administrators do not require you to provide any documentation in support of your claim. Should such documentation be required later, the joint administrators will contact you directly.