

Unclaimed Deposits / Inoperative Accounts: Claim Form

Annexure - 3

Date: / /

To,
Branch Manager,
The Kalupur Commercial Co-operative bank Ltd.,
_____ Branch,

Dear Sir,

I/We the undersigned Mr. /Mrs. / Ms. _____ in the capacity of self / nominee / legal heir / other _____ request for the activating account / payment of the balance amount for my / our / deceased account held with your bank in the name of Mr. / Mrs. /Ms. _____.

Account No.: _____

UDRN:

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Applicant / Claimant Name: _____

Address: _____

Mobile: _____ Email: _____

I/We am/are submitting herewith the following KYC documents and photograph

Identity Proof: PAN / Election Card / Driving License / Passport / Aadhaar / NREGA Job Card

Address Proof: Election Card / Driving License / Passport / Aadhaar / NREGA Job Card

Declaration:

- I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I / We certify that the unclaimed account as per details displayed on the website of the bank belongs to me / us and as owners of the account i/we claim the amount from the account.
- I / We also understand that i/we will be required to procure all documents desired to establish my/our claim till settlement and agree to execute the required documents to settle the claim
- I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Yours faithfully,

(1) _____ (2) _____ (3) _____ (4) _____

Signatures of account holder/s OR claimant/s

Customer Acknowledgment slip (to be filled in by Bank official)

Date:

Received a request from Mr./Mrs./Ms. _____ for activating Inoperative Accounts /claiming Unclaimed Deposits

THE KALUPUR COMM. CO-OP. BANK LTD.

_____ Branch

Signature of Bank Official with Bank seal

For Branch use

Request for: Unclaimed Deposit / Inoperative Account

CPC No.: _____

We have made necessary inquiries / verification about the claim made by the self / nominee / survivor(s) & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the self / nominee / survivor(s).

In case of unclaimed deposit, credit refund amount in KCCB account number _____ or issue DD/PO favoring: _____

Any other remarks:

Date:

Signature Name: Designation: (Branch official)	Signature Name: Designation: (Branch official)
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