THE BHATINDA CENTRAL COOPERATIVE BANK LTD. Branch……

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date: From……..

The Branch Manager

THE BHATINDA CENTRAL COOPERATIVE BANK LTD.

Branch ……

Dear Sir / Madam,

I/We the undersigned Mr./Mrs./Ms/_____in the capacity of

Self/ Nominee/Legal Heir/Other…… (please specify)

request for settlement of claim, for Deposits account(s) held with your Bank in the name(s) of Mr./Mrs./Ms/Others…….....
Name……..

Account No. and Other details: (with documentary proof)…….

Name of Claimant(s) : ……

Communication Address with Pincode:……..

DOB …….

PAN No. ……

Passport No……..

Tel./Mob. No……..

. I/We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy. I/We undertake to submit the document as may be necessary for the Bank to process the claims and agree to execute the required documents to settle the claim.

Signature: _____

Name : _____

…….

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

Date:

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

THE BHATINDA CENTRAL COOPERATIVE BANK LTD.

CDEO/Accountant Branch Manager