

Deaf Accounts: Claim Form

The Branch Manager
Udham Singh Nagar Distt. Co-op bank ltd,
Branch.....

Dear Sir/ Madam,
I/We the undersigned Mr./Mrs./Ms
The Capacity of Self /Nominee/Legal Heir/Others (Please Specify)
request for settlement of claim, for Deposit Account(s) Held with your bank in the
name(s) of Mr./ Mrs./Ms./ Others.....

Name-

Account no.-

Other Details-

(With Documentary Proof)

Name of Claimant(s)

Communication Address with PIN Code:

DOB

PAN NO.

Aadhar /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 :

Date :

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

Date:

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

Branch.....

Signature of Bank Official with seal

