

Annexure – 1

**UNCLAIMED DEPOSITS / INOPERATIVE ACCOUNTS- CLAIM FORM**

To, The Branch Manager,	<b>Address for correspondence</b>
	Name:
	Address:
	Contact No.
	Email ID.
	Date.

Dear Madam / Sir,

I / We the undersigned Mr. /Mrs. / Ms. \_\_\_\_\_ in the capacity of self / Nominee / Legal Heir / Others (please specify) request for the activating / payment of the balance amount from my / our / deceased account held with your bank in the name of Mr. / Mrs. /Ms. \_\_\_\_\_.

No.	Nature of Deposits	Account No.	Nature of Liability to the Bank, if any	Amount
1.				
2.				
3.				
4.				
<b>Total Amt.</b>				

**Document Submitted:** Account Statement / TDR receipt / Official Valid Doc (OVD)  
/ Death Certificate of deceased depositor (if claimant is Nominee / Legal heir(s))

Type of Document	Name of Official Valid Doc. (OVD)	Reference no.
Identification Proof		
Address Proof		
Death Certificate of Deceased Depositor		

**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.

**Signature (s) of the claimant (s):**

S. No.	Name of the Claimant	Signature

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Encl: As above.

Note :The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application

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

Date: \_\_\_\_\_

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

Signature of Bank Official with Bank  
seal

**FOR OFFICE USE**

I 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).

Any other remarks:

Place:  
Date:

Signature  <b>Name</b> <b>Designation:</b> <b>(Recommending Authority)</b>	Signature  <b>Name</b> <b>Designation:</b> <b>(Verifying Authority )</b>
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