

Unclaimed Deposits: Common Claim Application Form

The	Branch Manager	UDRN No.(if available):				DI 4 I
Bank	•	Address:				Photograph
Bran	ch:					
		Pin:				
		Mob. No.		Email:		
		Date:				
Dear S	Sir/Madam,	Dute.				
from r N T A	ish the following det my account. Tame of the Custome type of Account: Sav account No.:	er(s): vings Bank/C	Current ac	count/Term	n Deposits/Others	
2. I/V	ve could not operate	account duc		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
ve: spo ph	rification and copy ecify)*otograph and reques	of the sam	e balance	nk's recor mention in the acco	d) for self/ on ned as under ount.	
S.N	Name of the accour	nt holder(s)	ŀ	YC Docum	nent(s)(OVDs*)wi	th details
1.						
2.						
Declar	ation•					
• I/ ov I/ cl I/	wners of the account I /w	nimed account a we claim the an I/we will be re and also agree m will be settle	as per detail nount. equired to prote to execute to	s displayed or cocure and sul he required d	on the website of the	bank belongs to me/us and a essary to establish my/our ne claim
Name of the Claimant			t(s) Signate			ure(s)
		ner Acknowl	edgment s	slip (to be fi	lled in by Bank of	
Bank: Branch:			Signature of Bank Official with Bank seal Date:			