



Claim Form for Unclaimed Deposits / Inoperative Account

To,
The Branch Manager,
NKGSB Co-operative Bank Ltd.
_____ Branch.

Date:

Sir / Madam,

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 wish to claim the amount from the account. The details of the same are as follows :

Sr. No.	Name of the Depositors	Type of Deposit	Account Number	Total Amount Transferred to DEAF	Date of Transfer

The aforesaid account(s) was /were not operated for following Reason:

I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please Specify) request for Settlement of claim. For deposit account(s) held with your Bank.

I/We am/are submitting herewith the following KYC documents along with photocopy of Documents (Like Pass Book / FD Receipt of above mentioned account) :

Identity Proof :

PAN Election Card Driving License Passport Aadhar NREGA Job Card

Address Proof :

Election Card Driving License Passport Aadhar NREGA Job Card

Claimant Details :

Full Name: _____

Address: _____

Mobile No. : _____ Email Id : _____

I/We understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.

I/we also understand that I/we will be required to procure all documents desired to establish my/our claim till settlement.

I/We do hereby solemnly declare that the information provided above with respect to my/our account is up-to-date and correct.

Date :

Signature of the Customer

(Please affix a Rubber Stamp in case of Company, Proprietorship, Partnership, etc)

Customer Acknowledgment Slip (to be filled in by Bank Official)

Date ___/___/___

Received a request from Mr. / Mrs. / Ms. / Dr. _____ (1st Accountholder), for Claiming Unclaimed Deposits / Inoperative Accounts

NKGSB Co-operative Bank Ltd.
_____ Branch

Signature of Bank Official with Bank Seal

For Branch Use

We have checked and verified all the details including KYC Compliance of Claimant Customers. Certified that the particulars furnished by them in the form are correct as per our records.

Date :

Stamp & Signature of the Authorised Official

For CPC Use

Received On	
Amount To Be Claimed	
Claim Sent On	
Amount Received	