

Unclaimed Deposits: Common Claim Application Form (Self)

The Branch		UDRN No. (if available):			
Manager	Bank:	Address:			
Branch:		Pin:			
		Mob. No.:	Email:		
		Date:	<u> </u>		
Dear Sir,	/Madam,				
I furnish the following details / documents for activating the account / payment of the balance amount from my account.					
■ Name of the Customer (s):					
 Type of Account: Savings Bank/Current account/Term Deposits/Others 					
■ Ad	ccount No.:				
I/ we co	uld not operate ac	count due to			
	_		ocuments (original documen my recent photograph and r		rification and copy of the same n the balance in my account.
SI. No.	• •		KYC Document (s) (OVDs*) with details		
1.					
2.					
Letter is	ssued National Pop f Address : Same O	oulation Register (NPR) (a	/ Driving Licence/ Proof of pr any one of the documents) d OVD for the limited purpos	•	
 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.					
 I/We also understand that I/ we will be required to procure and submit documents necessary to establish my/ our 					
claim till final settlement and agree to execute the required documents to settle the claim					
	We understand the ank's process & po		ed post due diligence and a	uthentication o	f documents and in subject to
Name of the Claimant (s)				Signature (s)	
(Two wi	itnesses acceptable	e to Bank are required ir	n case of claimant (s) are illite	erate)	_
Name and address of witness			witness		Signature (s)
		Customer Acknowle	dgment slip (to be filled in b	 ov Bank official	 }
			for claiming balance o		
110			······································		
Bank:		Signature of Bank Official with Bank seal:			

Date:

Branch: