

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date:

From.....

The Branch Manager
Ellaquai Dehati Bank,
_____ Branch

Dear Sir / Madam,

I/We the undersigned Mr./Mrs./Ms/_____in the capacity
of Self/Nominee /Legal Heir /Others (please specify)_____
_____ request for settlement of claim,
for Deposits 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 Pincode) : _____

DOB	PAN No.	Aadhaar/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 : _____

.....
Customer Acknowledgment Slip (to be filled in by Bank official)

Date: _____

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

Ellaquai Dehati Bank
_____Branch

Signature of Bank Official with Bank seal