

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date: _____ From.....

The Branch Manager
Guntur DCCB,
_____ Branch

Dear Sir/ Madam,
I/We the undersigned Mr./Mrs./Ms/_____

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. and Other details:

(With documentary proof)

Name of Claimant(s) _____ :

Communication Address with PIN Code:

DOB PAN No. 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.

Guntur DCCB
_____ Branch

Signature of Bank Official with seal