

The Cosmos Co-operative Bank Ltd.
(Multi-state Scheduled Bank)

To,
The Manager

Date:- ___/___/20__.

_____ Branch

Resp. Sir/ Madam,

Sub: - Application requesting settlement of DEAF Claim.

I am/ We are (Name/s of depositors) _____
holding following type of deposit with your branch.

Sr. No	Name of Depositors	Type of deposit	Account Number	Original Deposit amount

You are hereby requested to settle my/our claim and remit me/us the proceeds.
Thanking you,

(Sign/s)
(Name of depositor/s)

Sign of the **verifier**:
Ticket No :
