

Unclaimed Deposits: Common Claim Application Form (Self)

The Branch Manager		UDR	UDRN No. (if available):			
Bank: Branch:		Addı	Address:			
				Pin:		
		Mob	. No.	E	mail:	
		Date	:	•		
ear (Sir / Madam,					
	sh the following detail at from my account.	s / docume	nts for activat	ing the accou	ant / payment of the bala	
• T	ame of the Customer (ype of Account: Saving ccount No.:		urent account	/ Term Depo	sits/Others	
2.	I/ we could not operate	e account d	ue to			
		of the same	e for Bank's re	ecord) mentio	nts (original documents ned as under along with	
S. No.	Name of the account l	older (s)	KYC	ocument (s) ((OVDs*) with details	
1.						
_						
2.		L				
etter is	Proof of Identity: Passport/ sued National Population Reg f Address: Same OVDs as abo	ister (NPR) (an	ry one of the docu	ments)	ion of (Aadhaar)/ NREGA Job (of of address	
eclar	ation:					
I	We declare that the facts s	tated above as	re true and corre	ct to the best of	my/our knowledge and belie	
			_	layed on the we	ebsite of the bank belongs to	
	and as owners of the accor			us and culmit	documents necessary to estal	
					ocuments necessary to estat ocuments to settle the claim	
					ation of documents and in sul	
to	bank's process & policy.					
Name of the Claimant (s)					Signature (s)	
	Titulic of the	Cimini	(3)		Signature (5)	
Two w	itness acceptable to Bank i	s required in o	case of claimant	(s) are illiterate)	
Name and address of witness					Signature (s)	
			and all of the last	CIL. J. L. D.		
	Customer Ac					
	Customer Ac ed a request from nding in Unclaimed Do				for claiming bala	

Date:

Signature of Bank Official with Bank seal

Bank:

Branch: