

Unclaimed Deposits: Common Claim Application Form (Self)

The Branch Manager Bank: Branch:	UDRN No. (if available): Address: <div style="display: flex; justify-content: space-between;"> Pin: </div> <div style="display: flex; justify-content: space-between;"> Mob. No. Email: </div> Date:
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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
- Account No.:

2. I / we could not operate account due to

3. I / We am/ are submitting herewith my /our KYC documents (original documents for Bank's verification and copy of the same for Bank's record) mentioned as under along with my recent photograph and request to claim the balance in my account.

S. No.	Name of the account holder (s)	KYC Document (s) (OVDs*) with details
1.		
2.		

***OVDs: Proof of Identity:** Passport/ Voter ID Card/ Driving Licence/ Proof of possession of (Aadhaar)/ NREGA Job Card/ Letter issued National Population Register (NPR) (any one of the documents)

Proof of Address: Same OVDs as above or deemed OVD for the limited purpose of proof of address

Declaration:

- 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 also agree to execute the required documents to settle the claim
- I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Name of the Claimant (s)	Signature (s)

(Two witness acceptable to Bank is required in case of claimant (s) are illiterate)

Name and address of witness	Signature (s)

Customer Acknowledgment slip (to be filled in by Bank official)

Received a request from for claiming balance outstanding in Unclaimed Deposits / (A/c No.....).

Bank:
Branch:

Signature of Bank Official with Bank seal
Date: