

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date:

The Branch Manager
The Valsad District Cen. Co-Op. Bank Ltd.,
_____ 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 _____

Account No. and Other details:

(with documentary proof)

Name of Claimant(s):

Communication Address with Pincode:

DOB PAN No. _____ AADHAAR 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.

The Valsad Dist. Cen. Co-Op. Bank Ltd.

Signature of Bank Official with Bank seal
_____ Branch