Unclaimed Deposits /Inoperative Accounts: Claim Form

Date :

The Branch Manager
The Akola Urban Cooperative Bank Ltd,
_____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):_____

Address : _____

_____

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:_____

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

Received a request from Mr./Mrs./Ms._____for claiming Unclaimed Deposits/Inoperative Accounts.

Signature of Bank Official with seal
_____Branch

Date :