



इंद्रायणी को-ऑप. बँक लि. पिंपरी.

स्था. २००९

Head Office-Plot no: 109/B, CTS NO:1480, Near Sadhu Waswani Garden, Jamtani Chowk, Pimpri, Pune.411017

Form for Claiming the Unclaimed amount in Inoperative Account

To
The Branch Manager
The Indrayani Co-operative Bank Ltd.
_____ Branch

Date:

Sir/ Madam,

Sub: Deposit Account No. _____ in the name of _____

Please refer to the list of Unclaimed Deposits / Inoperative Accounts available on Your Bank's Website wherein the information of the account in the name of _____ with your _____ Branch is listed for having an inoperative account/s with your Bank. The Savings/Current/FD Account No _____ was not operated for the following reason/s

I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please Specify) _____ request for settlement of claim. For deposit account(s) held with your Bank.

I/We am/are submitting herewith the following KYC documents and photograph

Identity Proof:

PAN Election Card Driving License Passport Aadhaar NREGA Job Card

Address Proof:

Election Card Driving License Passport Aadhaar NREGA Job Card

Claim Details:

Name/s of Deposit Holder: _____

Communication Address: _____

I/We understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.

I/We request you to open my new Account at your _____ branch and convey to me the account details. I enclose your Account opening form duly filled in.

I/We do hereby solemnly declare that the information provided above with respect to my/our account is up-to-date and correct.

Yours faithfully,

Signature/s: _____

Name: _____

Address: _____

Contact No.: _____

Customer Acknowledgment Slip (to be filled in by Bank Official)

Date ____ / ____ / ____

Received a request from Mr. / Mrs. / Ms. / Dr. _____ (1st Accountholder), for claiming Unclaimed Deposits / Inoperative Accounts

The Indrayani Co-operative Bank Ltd
_____ Branch

Signature of Bank Official with Bank Seal _____