Request Form for Claiming the amount in Unclaimed Account

		Date:		
To,				
The B	ranch Manager			
Citizencredit Co-op Bank Ltd,				
Branch				
	Branch			
Sir/Ma	adam,			
Sub: D	Deposit Account No in the	he name of		
I/We refer to the list of Unclaimed Deposits available on your Bank's Website wherein the				
information of an account in the name of with your Branch is				
listed for having been inoperative with your Bank and the credit balance was subsequently				
transfe	erred to the DEA Fund with RBI	•		
	savings/Current/FD Account No	`	1. 1	
receipt	t) was not operated for the follow	ving reason/s		
	in the capacity of Self/ Legal Fittlement of claim/ reactivation of			
ioi sei	tiement of claim/ feactivation of	account and claim of ban	ance from KBI	
docum mentio	posit account(s) held with your lents (original for verification oned as under with my recent plance from RBI and credit to my a	and self attested copy hotograph, towards reactive	y for Bank's records) as	
Sr.	Name	KYC Documents Submitted		
No.		Proof of Identity	Proof of Address	
		1 1001 01 lucinity	11001 01 Addi ess	
I/We understand that claim will be settled post due diligence and authentication of documents and subject to Bank's process & policy.				
I/We u	undertake to do a transaction immere.	mediately on refund of my	/ balance and also regularly	
I/We d	lo hereby declare that the inform	ation provided above is c	correct.	
Signat	lira ·			
Nome	Signature :			
Name : Address :				
Contac	Contact No :			
Comac				
	mer Acknowledgment slip (to			
Received request from Mr./Mrs./Msfor claiming				
	med Deposits/Inoperative Accord	unts on		

Signature of Bank Official with seal