

Unclaimed Deposits/Inoperative Accounts : Claim Form

Date :

From :

The Branch Manager
Pune Cantonment Sahakari 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 accounts (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 Claimants(s)

Communication Address with Pin code:

DOB

PAN NO.

PASSPORT No.

Tel/Mob.No.

I/We understand that claim will be settled post due diligence and authentication of documents
and in subject to bank process and policy. I/We undertake to submit the documents 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 d in by bank official)

Date:

Received a request from Mr./Mrs./Ms. _____ for
Claiming Unclaimed Deposits/Inoperative Accounts.

Pune Cantonment Sahakari Bank Ltd
_____ Branch

signature of Bank Official with Bank seal