

THE BABASAHEB DEHSMUKH SAHAKARI BANK LTD,. ATPADI

A/P - ATPADI , TAL – ATPADI, DIST – SANGLI

Form for Claiming the Unclaimed amount in Inoperative Account

| To The Branch Manager The Babasaheb Deshmukh Sahakari Bank Ltd.Atpadi | Date: / / |
|--|---|
| Branch : | |
| Sir/ Madam, | |
| Sub: Deposit Account Noin the name | of |
| | Accounts available on Your Bank's Website wherein the with your operative account/s with your Bank. The Savings / Current / |
| FD Account No was not ope | |
| Reason : | |
| I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please S settlement of claim. For deposit account(s) held with your Bank. | |
| I/We am/are submitting herewith the following KYC documents and p | hotograph |
| Identity Proof: PAN Election Card | Driving License 🔄 Aadhaar |
| 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 Bank's policy and guidelines. | diligence and authentication of documents as per the |
| 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 up-to-date and correct. | provided above with respect to my/our account is |
| Yours faithfully, | |
| Customer Signature/s: | Contact No : |
| Customer Name: | |
| Address: | |
| | |
| Customer Acknowledgment Slip (t | o be filled in by Bank Official) Date : / / |
| Received a request from Mr. / Mrs. / Ms. / Dr. | |
| (1st Accountholder), for claiming Unclaimed Deposits / Inoperative A | ccounts. |
| The Babasaheb Deshmukh Sahakari Bank Ltd.Atpadi | |
| Branch : | |

Signature of Bank Official with Bank Seal