

Form for Claiming the Unclaimed amount in Inoperative Account

To, The Branch Manager Ambarnath Jaihind Co-op. Bank Ltd., Ambarnath Branch				
Sir/ Madam,				
Sub. :- Deposit Account I	No	in the name of		
Your Bank's Website	wherein the info	Deposits / Inoperative / rmation of the accou	nt in the name o	
is listed for having an i	•	•	_	
I/We, in the capa		al Heir / Nominee / O for settlement of claim. I		
held with your Bank.				
I/We am/are subm	itting herewith the f	ollowing KYC documents	s and photograph :-	
Identity Proof :-				
PAN Election Ca	rd Driving Lic	ense Passport	Aadhaar	
Address Proof :-				
Election Card Driving	ng License Pa	assport Aadhaar	NREGA	
Claim Details :-				
Name/s of Deposit Holde	r:			
Communication Address	:			

I/We request you to open my new	v Account at your branch a
convey to me the account details. I enclo	ose your Account opening form duly filled in.
I/We do hereby solemnly declare	e that the information provided above with resp
to my/our account is up-to-date and corr	ect.
Yours faithfully,	
Signature/s:	
Name:	
Address:	
Contact No.:	
Customer Acknowledgmen	nt Slip (to be filled in by Bank Official)
	Date//_
Received a request from Mr. / Mrs. / Ms	s. / Dr
(1st Accountholder) for claiming Unclair	med Deposits / Inoperative Accounts
(15t / toodantinoider), for sidining official	
Ambarnath Jaihind Co-op. Bank Ltd.,	Ambarnath

Signature of Bank Official With Bank Seal