**Unclaimed Deposits /Inoperative Accounts: Claim Form**

 Date:

From……………………..

 The Manager

The Postal & RMS Employees Coop 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 account(s) held with your Bank in the name(s) of Mr./Mrs./Ms/Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

Account No.

Other details:

 (with documentary proof)

Name of Claimant(s) :

Communication Address with Pincode:

 DOB PAN No.

Adhar No Tel./Mob. No.

I/We understand that claim will be settled post due diligence and authentication of documents and in subject to bank’s process & policy. I/We undertake to submit the document as may be necessary for the Bank to process the claims and agree to execute the required documents to settle the claim.

Name Signature: \_\_\_\_\_\_\_\_\_\_