



### Unclaimed Deposits / Inoperative Accounts - Claim Form

To, The Branch Manager, Pune People's Co-op Bank Ltd.,Pune _____Branch	<b>Address for correspondence</b>	
	Name:	
	Address:	
	Contact No.	
	Email ID.	
		Date.

Dear Sir / Madam,

I / We the undersigned Mr. /Mrs. / Ms. \_\_\_\_\_ in the capacity of self / Nominee / Legal Heir / Others (please specify) request for the activating / payment of the balance amount from my / our / deceased account held with your bank in the name of Mr. / Mrs./ Ms. \_\_\_\_\_.

Sr.No.	Nature of Deposits	Account No.	Nature of Liability to the Bank, if any	Amount
1				
2				
3				
4				
<b>Total Amt.</b>				

**Document Submitted:** Pass Book / Account Statement / TDR receipt / Official Valid Doc (OVD) / Death Certificate of deceased depositor (if claimant is Nominee / Legal heir(s))

Type of Document	Name of Official Valid Doc. (OVD)	Reference no.
Identification Proof		
Address Proof		
Death Certificate of Deceased Depositor		

**Declaration:**

- I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I / We certify that the unclaimed account as per details displayed on the website of the bank belongs to me / us and as owners of the account; I/we claim the amount from the account.
- I / We also understand that i/we will be required to procure all documents desired to establish my/our claim till settlement and agree to execute the required documents to settle the claim
- I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Kindly make the payment of claim settlement amount as per following instructions –

Account Name	
Account Number	
Bank Name	
Branch Name	
IFS Code	

Kindly issue Pay Order / DD

**Signature (s) of the claimant (s):**

Sr.No.	Name of the Claimant	Signature

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Encl: As above.

(Two Bank acceptable witness is required in case of claimants(s) are illiterate)

*Note: The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application **(If the space provided is insufficient, please use additional sheet)***

**FOR OFFICE USE**

**Customer Acknowledgment slip (to be filled in by Bank official)**

Date:

Received a request from Mr. /Mrs. /Ms. \_\_\_\_\_ for claiming Unclaimed Deposits/Inoperative Accounts.

Pune People's Co-op Bank Ltd., Pune  
Branch : \_\_\_\_\_

**Signature of Bank Official with Bank seal**

I have made necessary inquiries / verification about the claim made by the self / nominee / survivor(s) & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the self / nominee / survivor(s).

Any other remarks:

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature <b>Name:</b> _____ <b>Designation:</b> _____ <b>(Recommending Authority</b>	Signature <b>Name :</b> _____ <b>Designation:</b> _____ <b>(Verifying Authority )</b>
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**Note:** Branch / Centralized Department are advised to settle claim of unclaimed deposits of depositor/s through CBS.