UDRN No. (if available):

Unclaimed Deposits: Common Claim Application Form (Self) The Branch Manager Bank:

Branch:		Address:	Address:			
					Pin:	
		Mob. No		Email:		
		Date:		1		
Dear S	ir / Madam,					
I furnis	sh the following details / document.	nts for activ	vating the account / p	ayment of the	balance amount from my	
• T	Tame of the Customer (s): Type of Account: Savings Bank/ Coccount No.:	urrent acco	unt/ Term Deposits/C	Others		
2.	I/ we could not operate account	due to				
	I / We am/ are submitting ation and copy of the same for B to claim the balance in my according to the same for B.	ank's recor				
S. No.	Name of the account holder (s	s)	KYC Document (s) (OVDs*) with details			
1.						
2.						
Letter is	:: Proof of Identity: Passport/ Voter ssued National Population Register (I f Address: Same OVDs as above or	NPR) (any o	ne of the documents)			
Declar	ation:					
• I	/ We declare that the facts stated a	above are tr	rue and correct to the	best of my/ou	r knowledge and belief.	
	/ We certify that the unclaimed ac	-		n the website	of the bank belongs to me	
	s and as owners of the account I / / We also understand that I/ we w			shmit daasma	nta nagagami ta agtablish	
	ny/ our claim till final settlement a				•	
	/ We understand that claim will be	_		•		
to	bank's process & policy.		_		-	
Name of the Claimant (s)			T	Signature (s)		
	Traine of the Crains	(5)			Similar (s)	
(Two v	vitness acceptable to Bank is requ	ired in case	e of claimant (s) are il	lliterate)		
Name and address of			ess		Signature (s)	
			nt slip (to be filled in			
	ed a request from med Deposits / (A/c No			for claiming	balance outstanding in	
D. 1			G'	000000	Deal and	
Bank:			Signature of Bank	COLLICIAL WITH	Dank seal	

Date:

Branch: