## CLAIM FORM FOR UNCLAIMED DEPOSITES

To,
Manager,                                                                          Date: _____
Vikas Souharda Co operative Bank Ltd
_____Branch

Subject- <u>Claim of RBI DEA Fund</u>

 I / We would like to inform you that I / we maintain Account/s with your_____
Branch and details as under:-

| Account Name | | | |
|---|---|---|---|
| Account No. | | | |
| Date of Transferred to  RBI Deaf | | | |
| Mode and Account No. where fund of unclaimed accounts to be transferred | Mode : RTGS/NEFT/Internal Transfer<br>Account No :<br>IFSC :<br>Name : | | |

I / We couldn't operate the above mentioned account / s due to reason_____
I / We understand that as per guidelines issued by the RBI, Bank has transferred the amount held in the aforementioned account / s to the DEAF fund of RBI.

**Applicable to other than Term Deposits**
I / We am /are herewith submitting  KYC form along with documents  with _____Branch  for reactivate my account /s and also depositing Rs._____to my above mentioned account.

**Applicable to Term Deposits**
I/We hereby authorize to renew/open/close/_____ for my/or above mention term deposit.

Thanking you,
Yours faithfully,

|  |
|---|
| Bank Seal |
| Manager  Signature<br>Name : |

(Customer Name & Signature)

<span style="color:red">(Branch to verify the KYC documents submitted by the customer with the originals & signature of the customer with the specimen signature)</span>

---

**-: Acknowledgment to Customer:-**
Date : _____
Received  a  request  form  _____  for  claiming  unclaimed  deposits/ inoperative Account No. _____which will be credited to_____.

Vikas Souharda Co operative Bank Ltd                            Name & Signature of BM /Officer
_____Branch                                                    with Emp Code & Stamp