

**REQUEST LETTER FOR ACTIVATING/CLAIMING AMOUNT IN UNCLAIMED
DEPOSIT/INOPERATIVE ACCOUNT FOR 10 YEARS OR MORE**

Date:.....

To

**The Branch Manager
The Baghat Urban Co-op. Bank Ltd.**

.....

From (Account Holder)

Name(s) :

Address :

.....

Phone No. :

Sir,

Ref: My/Our SB/CA/FD Account Number:.....

Sub: Activating/Claiming of the amount held under unclaimed despot/Inoperative Account (DEAF Transferred Account)

I/We were holding a Saving/Current/Term Deposit.....Account bearing number.....which was not operated/ claimed on the due date, in view of the following reason for more than ten years:

.....

a) To evidence of having account with your Bank branch we submit the following:
(Any one of the following should be submitted, which should have the account number and account holder's name)

- Pass book/ account statement
- Cheque book (Un-used and / or counter foil of the used Cheque leaves
- Counter foil for cash /Cheque remittance made to the account
- Deposit receipt- in respect of claim towards Term Deposit accounts

b) The old address at the time of account last operation and *present address is as under:

OLD ADDRESS	NEW ADDRESS AND MOBILE/PHON NO:

c) I am/We are submitting the following documentary evidences for proof of identity and proof of present address.

For proof of Identity: (submit any one document copy along with original for verification)

(1) PAN Card (2) Voter ID (3) Passport (4) Driving License (5) Ration Card (6) Aadhaar Card

Proof of address: (Submit any one document copy along with original for verification)

(1) EB bill (2) Telephone Bill (3) Bank Account statement (4) Letter from employer

d) I/ We request you to activate the account/ pay the amount held under unclaimed deposit to me/ us.

e) I/ We are aware that if the claim amount is above Rs.20,000/- only account payee banker's Cheque/Demand draft will be issued in favour of the account holder/s.

.....
(Signature /Left Thumb Impression of account holder/s)**

**Witness(i)

**Witness(ii)

Note:

- a) In respect of the accounts held under joint names all the account holders' should sign and ID proof and address proof should be submitted for all of them.
- b) ** If account holder/s is /are illiterate and Left Thumb Impression is affixed, that should be witnessed by two persons known to the bank.

(FOR OFFICE USE)

Date of Activation/Disbursement.....

- o Verified the required evidences submitted by the claimant and found correct.
- o Amount available to credit of unclaimed deposit account : Rs.
- o Amount paid to the account holder/s Rs.
- o If the amount is above 20000/-
- o DD No.: Dated issued in favor of

CLERK

OFFICER

BRANCH MANAGER

Place:.....

Date: :.....