

Annexure-A

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

Date:

From:

(Name/s and address* of the Account holder/s)

To:

The Branch Manager

The Hindu co-operative Bank Ltd.

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)

1) Pass book/ account statement 2) Cheque book (Un-used and / or counter foil of the used Cheque leaves 3) Counter foil for cash /Cheque remittance made to the account 4) 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 ADDRSS	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 :(In addition to Aadhaar card 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) UIDIs must

For 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 /LTI of account holder/s)**

**Witness(i)

**Witness(ii)

Note: (i) 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.

(ii)** If account holder/s is /are illiterate and LTI is affixed, that should be witnessed by two persons known to the bank.

(FOR OFFICE USE)

Date of Activation/Disbursement.....

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

CLERK

OFFICER

BRANCH HEAD

Place:

Date: