THE SAMBALPUR DISTRICT COOP CENTRAL BANK LTD., HO: BARGARH
Branch : ___________________

Unclaimed Deposits /Inoperative Accounts: Claim Form

(The Depositor Education and Awareness Fund (DEAF), Scheme 2014 - Transfer of Unclaimed Amount / Deposits to DEAF account with Reserve Bank of India)

To,

The Branch Manager

Date: ________________

The Sambalpur Dist. Coop Central Bank Ltd.,

________________________Branch.

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 Account	Account No.	Amount
Total Amount			

Communication Address with Pincode:

URN No. (if obtained from RBI UDGAM portal or Bank's unclaimed deposit search portal):

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

Date of Birth	**Pan no.**	**Aadhar no.**	**Passport no.**
Mobile no.	**E-mail id**	**Voter card no.**	**others**

<u>Death Certificate of Deceased Depositor (Ref No.):</u>

a) I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
b) I / We certify that the unclaimed account as per details displayed on the website of the bank/RBI UDGAM belongs to me / us and as owners of the account i/we claim the amount from the account.
c) 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
d) I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Signature (s) of the claimant (s):

S.No.	Name of claimants	Signature of claimant

(if the space provided is insufficient ,please use additional sheet & two Bank acceptable witness is required in case of claimant(s) are illiterate.)

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

Date:

Received a request from Mr./Mrs./Ms.____for claiming Unclaimed Deposits/Inoperative Accounts.

(Signature of Bank Official with Bank seal)