



# The Agrasen Co-operative Urban Bank Ltd.

Head Office #15-2-391/392/1, Siddiamber Bazar, Hyderabad - 500012 (T.S.)

Email id: [info@agrassenbank.in](mailto:info@agrassenbank.in)

website: [www.agrassenbank.in](http://www.agrassenbank.in)

Annexure – 1

## UNCLAIMED DEPOSITS / INOPERATIVE ACCOUNTS- CLAIM FORM

To, The Branch Manager, The Agrasen Cooperative Urban Bank Ltd _____ Branch	<b>Address for correspondence</b>
	Name:
	Address:
	Contact No.
	Email ID.
	Date.

Dear Madam / Sir,

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. \_\_\_\_\_.

No.	Nature of Deposits	Account No.	Nature of Liability to the Bank, if any	Amount
1.				
2.				
3.				
4.				
<b>Total Amt.</b>				

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

Type of Document	Name of Official Valid Doc. (OVD)	Reference no.
Identification Proof		
Address Proof		
Death Certificate of Deceased Depositor		



### Declaration:

- I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I / We certify that the unclaimed account as per details displayed on the website of the bank belongs to me / us and as owners of the account i/we claim the amount from the account.
- 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
- 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 the Claimant	Signature

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Encl: As above.

(Two Bank acceptable witness is required in case of claimants(s) are illiterate)

Note :The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application **(If the space provided is insufficient, please use additional sheet)**

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

Date:

Received a request from Mr./Mrs./Ms. \_\_\_\_\_ for claiming Unclaimed Deposits/Inoperative Accounts.

The Agrasen Cooperative Urban Bank Ltd

\_\_\_\_\_ Branch

Signature of Bank Official with Bank seal



**FOR OFFICE USE**

I have made necessary inquiries / verification about the claim made by the self / nominee / survivor(s) & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the self / nominee / survivor(s).

Any other remarks:

Place:

Date:

Signature  <b>Name Designation: (Recommending Authority)</b>	Signature  <b>Name Designation: (Verifying Authority)</b>
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