



Form for Claiming the Unclaimed amount

To
The Branch Manager
The Citizens Urban Coop. Bank Ltd.
_____ Branch

Date: _____

Sir/ Madam,

Sub: Deposit Account No. _____ in the name of _____

Please refer to the list of Unclaimed Deposits / Inoperative Accounts available on Your Bank's Website wherein the information of the account in the name of _____ with your _____ Branch is listed. The said account was not operated due to the reason _____.

I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please Specify) _____ request for settlement of claim. For deposit account(s) held with your Bank.

Claim Details:

Name of Deposit Holder: _____
Communication Address: _____

I understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and Guidelines.

Yours faithfully

Signature: _____
Name: _____
Address: _____
Contact No.: _____



Customer Acknowledgment Slip (to be filled in by Bank Official

Date ___/___/___ Received a request from Mr. / Mrs. / Ms. / Dr.
_____, for claiming Unclaimed Deposits / Inoperative
Accounts

The Citizens Urban Coop. Bank Ltd.

_____ Branch

Signature of Bank Official with Bank Seal _____