

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date:

From.....

The Branch Manager
The Gujarat State Co-Op. 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 settlement of claim, for Deposits account(s) held with your Bank in the
name(s) of Mr./Mrs./Ms/Others_____

Name Account No. and Other details:

(with documentary proof)

Name of Claimant(s) _____ :

Communication Address with Pincode:

DOB _____ PAN No. _____ AADHAAR No. _____
Tel./Mob. No. _____

I/We understand that claim will be settled post due diligence and authentication of
documents and in subject to bank's process & policy. I/We undertake to submit the
document as may be necessary for the Bank to process the claims and agree to
execute the required documents to settle the claim.

Signature: _____

Name : _____

.....

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 Gujarat State Co-Op. Bank Ltd. Signature of Bank Official with Bank seal
_____ Branch