



**THE DIST.CO-OPERATIVE CENTRAL BANK LTD.,
NO.M.210, SRIKAKULAM**

GRAMS: COCENBANK, PHONE: 222301, 228297
;Email: skldccb@rediffmail.com, ceo_sklm@apcob.org



Unclaimed Deposits /Inoperative Accounts: Claim Form

Date: _____ From.....

The Branch Manager,
The District 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 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. _____ Passport 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 District Central Bank Ltd
_____Branch

Signature of Bank Official with Bank seal