

**Unclaimed Deposits /Inoperative Accounts: Claim Form**

Date:

From.....

The Branch Manager  
The Mahendragarh Central Coop 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 Mahendragarh Central Coop Bank Ltd  
\_\_\_\_\_Branch

Signature of Bank Official with Bank seal