



The Salem District Central Co-operative Bank Ltd
சேலம் மாவட்ட மத்திய கூட்டுறவு வங்கி லீட்.,

Form for Claiming the Unclaimed amount

From:

To
The Branch Manager
The Salem District Central Co Operative Bank Ltd.
_____ Branch

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 Salem District Central Co Operative Bank Ltd.

_____ Branch Signature of Bank Official with Bank Seal _____