

Application For -Unclaimed Deposits /Inoperative Accounts

Date:

The Branch Manager
Janaseva Sahakari Bank Ltd.,Hadapsar,Pune
Branch-----

Dear Sir / Madam

Sub.: Claim for Unclaimed Deposits / Inoperative Accounts.

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 account holder
Mr/Mrs/Ms/M/s.-----

Sr.No.	Type of account	Account Number	Deposit amount
1	Savings Deposit		
2	Current Deposit		
3	Term Deposit		
4	Other		

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.

Signature of Bank Official with Bank seal

Janaseva Sahakari Bank Ltd,Hadapsar,Pune

Branch-----