

COL RD NIKAM SAINIK SAHAKARI BANK LTD.,

Form for Claiming the Unclaimed amount in Inoperative Account

To The Breach Management	Date:
The Branch Manager Col RD Nikam Sainik Sahakari Bank Ltd.,Branch	
Sir/ Madam,	
Sub: Deposit Account Noin the name of	
Please refer to the list of Unclaimed Deposits / Inoperative Accinformation of the account in the name of	with your ccount/s with your Bank. The Savings/Current/FD Account No son/s
I/We, in the capacity of Self / Legal Heir / Nominee / Other (Pl settlement of claim. For deposit account(s) held with your Bank	
I/We am/are submitting herewith the following KYC documents	and photograph
Identity Proof:	
PAN Election Card Driving License	Passport Aadhaar NREGA Job Card
Address Proof:	
Election Card Driving License Passport	Aadhaar NREGA Job Card
Claim Details:	
Name/s of Deposit Holder:	
Communication Address:	
I/We understand that the claim will be settled post due diligen and guidelines.	ce and authentication of documents as per the Bank's policy
I/We request you to open my new Account at youryour Account opening form duly filled in.	branch and convey to me the account details. I enclose
I/We do hereby solemnly declare that the information provid correct.	ed above with respect to my/our account is up-to-date and
Yours faithfully,	
Signature/s:	
Name:	
Address:	
Contact No.:	
Customer Acknowledgment Slip	o (to be filled in by Bank Official)
	Date/_/
Received a request from Mr. / Mrs. / Ms. / Dr. claiming Unclaimed Deposits / Inoperative Accounts	(1st Accountholder), for
Col RD Nikam Sainik Sahakari Bank Ltd	re of Bank Official with Bank Seal