जहाँ सेवा	री जीवन - ध्येय हैं	Where service	is a way of lij	fe	
Unclaimed Dep	osits: Commo	n Claim App	lication Fo	rm (Self)	
The Branch Manager		UDRN No. (if available): Address:			
Branch:					
		Pin:			
	Mob. No.		Email:		
	Date:		.		
Dear Sir / Madam,					
furnish the following details / docu	ments for activating	ng the account /	payment of the	balance amount from my	
Name of the Customer (s):					
Type of Account: Savings Bar	ık/ Current accou	int/ Term Depo	sits/Others		
Account No.:					
2. I/ we could not operate acco	unt due to				
I / We am/ are submitting he and copy of the same for Bank's recome balance in my account.	•				
S. Name of the account holde No.	er (s)	KYC Document (s) (OVDs*) with details			
1.					
1.					
2.					
2.					
OVDs: Proof of Identity: Passport/Voc.etter issued National Population Regist Proof of Address: Same OVDs as above	er (NPR) (any one o	of the documents)			
Declaration:					
I / We declare that the facts stat I / We certify that the unclaime	d account as per de	etails displayed	•	•	
us and as owners of the accoun			. 1		
I / We also understand that I/ w my/ our claim till final settleme					
I/We understand that claim wil	-		-		
to bank's process & policy.	i be settled post du	ic diffigence and	authentication	or documents and in subje	
Name of the Claimant (s)			Signature (s)		
Trank of the Claimant (5)			Signature (s)		
Two witness acceptable to Bank is r	equired in case of	claimant (s) are	illiterate)		
Name and address of witness				Signature (s)	
	knowledgment sl				
Received a request from Unclaimed Deposits / (A/c No					

Branch:

Signature of Bank Official with Bank seal Date: