

UNCLAIMED DEPOSITS: COMMON CLAIM APPLICATION FORM (SELF)

The Branch Manager Bank: Branch:	UDRN No. (if available):	
	Address:	
	Pin:	
	Mob. No.	Email:
	Date:	

Dear Sir / Madam,

I furnish the following details / documents for activating the account / payment of the balance amount from my account.

- Name of the Customer (s):
- Type of Account: Savings Bank/ Current account/ Term Deposits/Others
- Account No.:

2. I/ we could not operate account due to

3. I / We am/ are submitting herewith my /our KYC documents (original documents for Bank's verification and copy of the same for Bank's record) mentioned as under along with my recent photograph and request to claim the balance in my account.

Sr. No.	Name of the account holder(s)	KYC Document (s) (OVDs*) with details
1.		
2.		

***OVDs: Proof of Identity:** Passport/ Voter ID Card/ Driving Licence/ Proof of possession of (Aadhaar)/ NREGA Job Card/ Letter issued National Population Register (NPR) (any one of the documents)

Proof of Address: Same OVDs as above or deemed OVD for the limited purpose of proof of address.

Declaration:

- I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I / We certify that the unclaimed account as per details displayed on the website of the bank belongs to me / us and as owners of the account I /we claim the amount.
- I / We also understand that I/ we will be required to procure and submit documents necessary to establish my/ our claim till final settlement and also agree to execute the required documents to settle the claim
- I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Name of the Claimant (s)	Signature (s)

(Two witness acceptable to Bank is required in case of claimant (s) are illiterate)

Name and address of witness	Signature (s)

.....
Customer Acknowledgment slip (to be filled in by Bank official)

Received a request from for claiming balance outstanding in Unclaimed Deposits / (A/c No.....).

Bank:

Signature of Bank Official with Bank seal

Branch:

Date:

CLAIM FORM FOR AMOUNT TRANSFERRED TO DEA FUND UNDER OTHER CREDIT**Subject: Claim of amount transferred to DEA Fund from GL/PL account no._____**

Synopsis/Summary:

With reference to above we would like to inform you that as per RBI DEAF Guidelines following amount was transferred to DEA fund from GL/PL account no._____ of branch/office_____

Sr. No.	Date	Stationary/ Security Number	Amount
1.			
2.			

Now, we request you to claim back the above amount from DEA Fund.

Reason / Justification and Recommendation for seeking refund:

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In this regard, you undertake that: -

- Claim back of fund is as per RBI DEAF guidelines.
- The said claim has not been made earlier or received from the DEA Fund.

Signature of recommending authority (Branch Head / Officiating Branch Head)	Signature of Zonal Head/ Deputy Zonal Manager

NOTE FOR PROCESSING OF DEAF CLAIM ALONG WITH SANCTION LETTER:

Sr. No.	Particulars	Details
1.	Branch name and Branch Code	
2.	Name of Depositor/Customer	
3.	Claimant Name	
4.	Relation with claimant (if Customer and claimant is different)	
5.	Type of Account-SB/TD or other	
6.	Account Number	
7.	Amount at the credit to DEA Fund	
8.	Reasons for not claiming amount for more than 10 years	
9.	Period from which interest paid from the date of transfer to DEAF (Years, month, days)	
10.	Rate of Interest to be paid	
11.	Total amount of claim	
12.	Claim Settle Bank account Details Name of claimant: Account Number: IFSC Code: Bank Name and Branch:	

13.	Recommendations by Branch	
	We certify that we have diligently verified the identity of the claimant and confirm the authenticity of his claim. We recommend settlement thereof in his favor as above.	
	Signature of recommending Officer	
	Recommending Officer Name and PF number	
	Designation	Branch Head/Officiating Branch Head
	Date	
14.	Sanction by Zone	
	On being satisfied that the branch head has diligently verified/ done due diligence the identity of the claimant and the authenticity of his claim, we hereby sanction the claim.	
	Signature of Sanctioning Authority Officer	
	Name and PF of Zonal Manager/Deputy Zonal Manager	
	Designation	Zonal Manager/ Deputy Zonal Manager
	Date	
15.	Remarks by HO	
	Date of Payment:	
	Details of Payment (UTR Number/Journal Number).....	