



नवी मुंबई को-ऑप. बँक लि.  
NAVI MUMBAI CO-OP. BANK LTD.

## Claim Form for Unclaimed Deposits / Inoperative Account

To,  
The Branch Manager,  
Navi Mumbai Co-operative Bank Ltd.  
\_\_\_\_\_Branch.

Date: -----/-----/-----

Sir / Madam,

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 wish to claim the amount from the account. The details of the same are as follows :

Sr. No.	Name of the Depositors	Type of Deposit	Account Number	Total Amount Transferred to DEAF	Date of Transfer

The aforesaid account(s) was /were not operated for following Reason:

I/We am/are submitting herewith the following KYC documents along with photocopy of Documents (Like PassBook / FD Receipt of above mentioned account) :

### Identity Proof :

PAN  Election Card  Driving License  Passport  Aadhar  NREGA Job Card

### Address Proof :

Election Card  Driving License  Passport  Aadhar  NREGA Job Card

### Claimant Details :

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Email Id : \_\_\_\_\_

I/We do hereby solemnly declare that the information provided above with respect to my/our account is up-to-date and correct.

**Signature of the Customer**

(Please affix a Rubber Stamp in case of Society, Company, Proprietorship, Partnership, etc)

### For Branch Use

We have checked and verified all the details including KYC Compliance of Claimant Customers. Certified that the particulars furnished by them in the form are correct as per our records.

**Stamp & Signature of the Authorised Official**

**Customer Acknowledgment Slip (to be filled in by Bank Official)**

Date : -----/-----/-----

Received a request from Mr. / Mrs. / Ms. . \_\_\_\_\_

Claiming Unclaimed Deposits / Inoperative Accounts

**Signature of Bank Official with Bank Seal**