



The Muvattupuzha Urban Co Operative Bank Ltd. No.556
Head Office, Court Road, Kacherithazham, Muvattupuzha, Kerala – 686661

Unclaimed Deposits /Inoperative Accounts: Claim Form

From,

Date :

To

The Branch Manager
The Muvattupuzha Urban Co Operative Bank Ltd. No.556,
Branch

Dear Sir/ Madam,

I/We the undersigned Mr./Mrs./Ms/ 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 Mr./Mrs./Ms/Others

In Operative Reason:

Name Account No. and Other details:

(with documentary proof)

Name of Claimant(s):

Communication Address with PIN Code:

DOB

PAN No.

Aadhar /Other

Tel/Mob. No.

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/Others for claiming Unclaimed Deposits/Inoperative Accounts.

Signature:

Name :

The Muvattupuzha Urban Co Operative Bank Ltd. No.556

Branch