

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date:

Maharashtra Gramin Bank,

_____ Branch

Dear Sir / Madam,

I/We the undersigned Mr./Mrs./Ms/_____ in the 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_____

Name Account No. and Other details :
(with documentary proof)

Name of Claimant(s) :

Communication Address with Pincode :

DOB

PAN No.

Passport No.

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. _____ for claiming Unclaimed Deposits/Inoperative Accounts.

Maharashtra Gramin Bank
seal _____ Branch

Signature of Bank Official with Bank