

CLAIM FORM FOR UNCLAIMED DEPOSITES

To,
TJSB Sahakari Bank Ltd.,
Branch Manager,
_____ Branch

Date: _____

Subject- Claim of RBI DEA Fund

I / We would like to inform you that I / we maintain Account/s with your _____
Branch and details as under:-

Account Name			
Account No.			
Date of Transferred to RBI Deaf			
Mode and Account No. where fund of unclaimed accounts to be transferred			

I / We couldn't operate the above mentioned account / s due to reason _____.
I / We understand that as per guidelines issued by the RBI, Bank has transferred the amount held in the
aforementioned account / s to the DEAF fund of RBI.

Applicable to other than Term Deposits

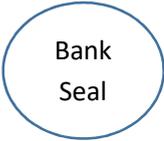
I / We am /are herewith submitting KYC form along with documents with _____ Branch for
reactivate my account /s and also depositing Rs. _____ to my above mentioned account.

Applicable to Term Deposits

I/We hereby authorise to renew/open/close/_____ for my/or above mention term
deposit.

Thanking you,
Yours faithfully,

(Customer Name & Signature)


Manager /ABM's Signature
Name :
Emp Code :

(Branch to verify the KYC documents submitted by the customer with the originals & signature of the
customer with the specimen signature)

-: Acknowledgment to Customer:-

Date : _____
Received a request form _____ for claiming unclaimed deposits/ inoperative
Account No. _____ which will be credited to _____.

The TJSB Sahakari Bank Ltd
_____ Branch

Name & Signature of BM / ABM
with Emp Code & Stamp