

**Form for Claiming the Unclaimed amount in Dormant
(Inoperative) / DEAF Account**

To
The Branch Manager
GP Parsik Sahakari Bank Ltd.
_____ Branch

Date:

Sir/ Madam,

Sub: Deposit Account No. _____ in the name of _____

I/We, the undersigned Mr. / Mrs. / Ms. _____ in the capacity of
Self / Legal Heir / Nominee / Other (Please Specify) _____
request for settlement of claim ,for deposit account(s) _____ held with your Bank.

I/We am/are submitting herewith the following KYC documents and photograph

Identity Proof:

PAN Election Card Driving License Aadhaar Passport

Address Proof:

Election Card Driving License Passport Aadhaar

Claim Details:

Name/s of Deposit Holder: _____

Communication Address: _____

I/We understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.

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

Yours faithfully,

Signature/s: _____

Contact No.: _____

* Other (Please Specify) for eg. relating to Missing persons.