



**UNCLAIMED DEPOSITS / INOPERATIVE ACCOUNTS CLAIM FORM**

To	Date :
The Branch Manager	<b>CLAIMANT DETAILS</b>
GP Parsik Sahakari Bank Ltd.	Name :
Branch _____	Address :
	Contact No.:
	Email ID :

Sir/ Madam,

I/We certify that the unclaimed account as per details displayed on the website of the bank belongs to me/us and in the capacity of Self / Legal Heir / Nominee / Other request for the activating/settlement of claim amount from my /our/ deceased account(s)held with your Bank in the name of Mr./Mrs./Ms \_\_\_\_\_

SR.NO.	NAME OF THE DEPOSITORS	TYPE OF DEPOSIT	ACCOUNT NUMBER	AMOUNT

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

**Identity Proof:**

PAN  Election Card  Driving License  Aadhaar  Passport  NREGA Job Card

**Address Proof:**

Election Card  Driving License  Passport  Aadhaar  NREGA Job Card

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: \_\_\_\_\_

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

**Customer Acknowledgment slip (to be filled in by Bank official)**

Received a request from Mr./Mrs./Ms. \_\_\_\_\_ for claiming  
Unclaimed Deposits/Inoperative Accounts.

GP Parsik Sahakari Bank Ltd

Signature of Bank Official with Bank seal



Branch \_\_\_\_\_

**FOR OFFICE USE**

I have made necessary inquiries / verification about the claim made by the self / nominee / survivor(s) & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the self / nominee / survivor(s).

Any other remarks:

Place:

Date:

Signature	Signature
Name	Name
Designation:	Designation:
(Recommending Authority)	(Verifying Authority)

APPLICATION DATE :	CLAIM SETTLEMENT DATE :
--------------------	-------------------------