

## Form for Claiming the Unclaimed amount in Inoperative Account

То	Date:
The Branch Manager The Calicut Co-operative Urban Bank LtdBranch	
Sir/ Madam,	
Sub: Deposit Account Noin the	e name of
information of the account in the name ofBranch is listed for having an inopwas not operated for the follows:	
	Other (Please Specify)request for your Bank.
I/We am/are submitting herewith the following KYC de	ocuments and photograph
Identity Proof:	
PAN Election Card Driving Licens	e Passport Aadhaar NREGA Job Card
Address Proof:	
Election Card Driving License F	Passport Aadhaar NREGA Job Card
Claim Details:	
Name/s of Deposit Holder:	
Communication Address:	
I/We understand that the claim will be settled post of and guidelines.	lue diligence and authentication of documents as per the Bank's policy
I/We request you to open my new Account at your_your Account opening form duly filled in.	branch and convey to me the account details. I enclose
I/We do hereby solemnly declare that the informat correct.	ion provided above with respect to my/our account is up-to-date and
Yours faithfully,	
Signature/s:	
Name:	
Address:	
Contact No.:	
Customer Acknowled	gment Slip (to be filled in by Bank Official)
	Date/_/
Received a request from Mr. / Mrs. / Ms. / Drclaiming Unclaimed Deposits / Inoperative Accounts	(1st Accountholder), for
The Calicut Co-operative Urban Bank LtdBranch	Signature of Bank Official with Bank Seal