

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date: _____ From.....

The Branch Manager
Madhyanchal 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 Pin code:

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.

Madhyanchal Gramin Bank
_____ Branch

Signature of Bank Official with
Bank seal