

Annexure-A

Unclaimed Deposits Claim Form

(To be obtained from the customer/claimant)

Date: ____/____/____

From: _____

To,
The Branch Manager
PCS Bank,
Branch-

Madam/Dear Sir,

I/We the undersigned Mr./Ms./Others _____ 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./Ms./ Others	Name, Account No. and Other details: (with documentary proof)	Name of Claimant(s)	Communication Address with Pin Code

Date of Birth		Aadhar No.*	
PAN No.*		Passport No.	
Telephone		Mobile 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. /Ms. _____ for claiming
Unclaimed Deposits.

Pimpri Chinchwad Sahakari Bank Maryadit,Pimpri

Signature of Bank Official with Bank Seal

Branch _____