Application for settlement of Claim in Unclaimed Deposits

To Date:

The Branch Manager,
The AP State Co-op. Bank Ltd.,
_____ Branch.

Dear Madam/Sir,

I/We, the undersigned Mr./Mrs./Ms/ _____

in the capacity of

- Self
- Nominee
- Legal Heir
- Others (please specify)

Request for the settlement of claim, for Deposit account (s) held with your Branch, bearing Account No. (s) _____

Account Type: SB/Current/Term/Others

S. No	Name of account holders (s)/ Claimant (s)	Details of KYC documents *
1.		
2.		

* Documents to be submitted in original for Bank's verification and copy of the same for Bank's record)

Declaration:

- I/we declare that the above stated facts are true to my and correct to the best of my/our knowledge and belief.
- I/we understand that the 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 documents as may be necessary for the Bank to process the claims and agree to execute the required documents to the settle the claim.

Signature: _____

Name: _____

Communication address with Pin code:

Mobile No: