



The Bhiwani Central Cooperative Bank Ltd., Bhiwani

Head Office - SCO No. 224 to 226, City Centre Huda,
Bhiwani-127021 (Haryana)



International Year
of Cooperatives

Unclaimed Deposits/Inoperative Accounts: Claim Form

Date:

The Branch Manager

BO.....

Dear Sir/Madam,

I/We the under signed Mr./Mrs./Ms/_____ in the
capacity of

Self

Nominee

Legal Heir

Others (please specify)

request for settlement of claim, for Deposits account(s) i.e. SB/CA/FD held with your Branch office in the
name(s) of deceased Mr./Mrs./Ms/Others_____

Name Account No. and Other details :

(with documentary proof)

Name of Claimant(s) :

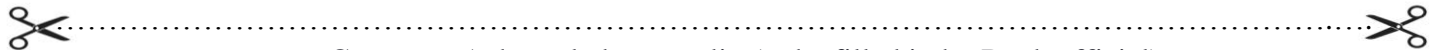
Communication Address with Pin code :

AADHAR No.	PAN No.	Passport No.	Mob. No.	Any other

I/We understand that claim will be settled past 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.

The Bhiwani Central Coop. Bank

_____ Branch

Signature of Bank Official with Bank seal