

Unclaimed Deposits / Inoperative Accounts –DEAF Claim Form

Date: DD/MM/YYYY

Service Request No.:

To,
Kotak Mahindra Bank Ltd.
Branch Name

I/We, the undersigned Mr. / Mrs. / Ms. _____ in the capacity of

Self Nominee Legal Heir Others (please specify) _____

Request for settlement of claim, for deposit account(s) held with your Bank in the names(s) of Mr. / Mrs.

/ Ms. _____

Reason for non-operation of account is _____

Details of the account/s are as below:

CRN	Deposit Account Number	Mode of Operation

- I/we hereby request you to Activate the account Close the above mentioned account/s
(Please submit separate account closure form as per bank's standard format)
- I understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.
- I have received the information regarding my account moved into DEAF from
 UDGAM Portal Bank's website Others (Please specify) _____

Thanking You

Yours faithfully,

Customer Acknowledgment slip (to be filled in by Bank official) Date: ___/___/___

Received a request form Mr. / Mrs. / Ms. _____, for claiming Unclaimed Deposits / Inoperative Accounts.

KMBL _____ Branch

Signature of Bank Official with Bank Seal _____