THE KANNUR CO-OP. URBAN BANK LTD. ™ No.1534
Under the control of Reserve Bank of India
KCUB
ESTD:1915
RBI Licence No.
UBD/KR/996P
Head Office: Thavakkara, Nr. Yathri Nivas, Kannur, Kerala - 670 002
Ph: 0497 2703215, e-mail: ho@kannururbanbank.in, www.kannururbanbank.in
KCUB 109 YEARS Anniversary

Form for Claiming the Unclaimed amount in Inoperative Account

To   Date:

The Branch Manager
The Kannur Co-operative Urban Bank Ltd.
_____Branch

Sir/ Madam,

Sub: Deposit Account No. _____in the name of _____

Please refer to the list of Unclaimed Deposits / Inoperative Accounts available on Your Bank's Website wherein the information of the account in the name of_____with your _Branch is listed for having an inoperative account/s with your Bank. The Savings/Current/FD Account No _was not operated for the following reason/s

_____

_____.

I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please Specify) _____ request for settlement of claim. For deposit account(s) held with your Bank.

I/We am/are submitting herewith the following KYC documents and photograph

Identity Proof:

☐PAN ☐ Election Card ☐ Driving License ☐ Passport ☐ Aadhaar ☐ NREGA Job Card

Address Proof:

☐ Election Card   ☐ Driving License ☐ Passport ☐ Aadhaar ☐ NREGA Job Card

Claim Details:

Name/s of Deposit Holder: _____

_____

Communication   _____
Address:

I/We understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy
and guidelines.

I/We request you to open my new Account at your_your   branch and convey to me the account details. I enclose Account opening form duly filled in.

I/We do hereby solemnly declare that the information provided above with respect to my/our account is up-to-date and correct.

Yours faithfully,

Signature/s: _____
Name: _____
Address: _____
Contact No.: _____

Customer Acknowledgment Slip (to be filled in by Bank Official)

                                                                    Date____/
                                                                        /
_____

Received a request from Mr. / Mrs. / Ms. / Dr. (1st Accountholder), for claiming Unclaimed Deposits / Inoperative Accounts

The Kannur Co-operative Urban Bank Ltd
_____Branch   Signature of Bank Official with Bank Seal _____