

Branch Name

Name and Address of Claimant

To,

Branch Manager / Incharge

The Co-Operative Bank of Rajkot Ltd.

..... Branch.

.....

Phone No.

Date

Subject **Regarding Repayment of Amount of Unclaimed Deposit sent to RBI DEA Fund**

Ref. **DEAF _____ Scheme**

Regards, I / We hold an account in your bank with the following details.

Name as per Account	Pan Card Number	Account Type and Account No. (Receipt No. for FDR)	Account Opening Date	Maturity Date (FDR)	Date on which Account Transfer to DEAF & Balance

I / We have not done any transaction in the said account for more than 10 years and the account is classified as unclaimed as per direction of Reserve Bank of India and amount is transferred to RBI DEAFund.

I / We declare that the unclaimed deposit will be paid to us including our deposit amount up to the date of our application and any interest payable thereon as per policy / rules of Reserve Bank of India.

The amount of the above said account has been classified as unclaimed by your bank and transferred to RBI DEA Fund. On behalf of the RBI established DEA Fund your bank makes payment of said unclaimed deposit amount to claimant. After payment of the claim, if any objection / notes received from RBI regarding the said claim, We will comply with the same as soon as possible. I / We solemnly promise, that if I / We failing to do so, I / We promptly reimburse the amount of the claim including interest.

I / We submit copies of recent proof of My / Our Identity as detailed below. I / We request you to return the original copy after verifying it with the original.

(1) ID Proof

(2) Address Proof

Signature of Applicant/s

Date

Place

(Note : Signature of all the Account Holders in single form.)

For, Bank use only Details of transfer of applicant's unclaimed amount to RBI DEA Fund and Payment to applicant.

The KYC document submitted by the customer is verified with the original documents.

Date of Transfer of Amount to DEAF	Amount Transferred to DEAF	Claim Payment Date	Rate of Interest	Interest Amount till the Date of Payment of Claim	Total Amount Payable to Applicant
1	2	3	4	5	6 = 2+5

- Special Note:**
1. Copy of KYC documents to be sent alongwith this form with the signature of customer and the signature of the authorized officer attesting the original.
 2. Interest on unclaimed deposits shall be paid at the rate determined by the RBI from time to time.
 3. If Primary Account Holder passed away then a death claim has to be processed as per rules of along with this form. After the death claim is approved, the amount has to be paid to the customer.

Prepared by

Branch Manager / Incharge

Authorized Officer