

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date:

From.....

The Branch Manager
State Bank of India,
_____ Branch

Dear Sir / Madam,

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

Self
Nominee
Legal Heir
Others (please specify)

request for settlement of claim, for Deposits account(s) held with your Bank in the
name(s) of Mr./Mrs./Ms/Others_____

Name Account No. and Other details:
(with documentary proof)

Name of Claimant(s) :
Communication Address with Pincode:

DOB PAN No. Passport No. Tel./Mob. No.

I/We understand that 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 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.

State Bank of India
_____ Branch

Signature of Bank Official with Bank seal