

Dear Customer,

Thank you for visiting our website. If your name is matching with the data available in the list, we request you to kindly approach the concerned branch with a request letter for revival / refund of the deposit, as per annexure 1, with necessary documents as proof of deposit and latest KYC documents. If the Branch confirms that the account is available, Branch will take up the matter with Corporate Office for transfer of deposits to the concerned branch. Time for transfer of accounts from Corporate Office to Branch will take two weeks from the date of receipt of claim from the branch.

In case of account holders whose name does not match with the data available in the website, they may take up the matter with the concerned Branches with required proof of documents.

Annexure 1

Claim Form for Unclaimed Deposits / Inoperative Accounts

Date: \_\_\_\_\_

The Branch Manager

From \_\_\_\_\_

Coastal Bank

\_\_\_\_\_ Branch

Dear Sir / Madam, I / We, the undersigned

Mr./Mrs./Ms/Dr. \_\_\_\_\_

\_\_\_\_\_ 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./ Dr \_\_\_\_\_

Claim details

Name of Deposit Holder: \_\_\_\_\_

Communication Address : \_\_\_\_\_

Match Criteria :

Name.

I understand that, claim will be settled post due diligence and authentication of documents and the claim, as per bank's process.

Yours faithfully,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Customer Acknowledgment slip (to be filled in by Bank official) Date : \_\_\_/\_\_\_/\_\_\_\_\_ Received a request from Mr./Mrs./Ms./Dr. \_\_\_\_\_, for claiming Unclaimed Deposits / Inoperative Accounts.

Coastal Bank \_\_\_\_\_ Branch Signature of Bank Official with Bank seal \_\_\_\_\_