

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 \_\_\_\_\_