

Annexure –A

**REQUEST LETTER FOR ACTIVATING /CLAIMING AMOUNT IN
UNCLAIMEDDEPOSITS/INOPERATIVE ACCOUNT FOR 10 YEARS OR MORE.**

Date:

From:

(Name/s and address* of the Account holder/s)

To:

**The Branch Manager
The Sahyadri Sahakari Bank Ltd., Mumbai**

Sir,

Ref: My/Our SB/CA/FD Account Number: -----

**Sub: Activating /claiming of the amount held under unclaimed deposits / Inoperative Account
(DEAF Transferred Account)**

I/We were holding a saving / current/ term DepositAccount bearing number.....which was not operated /claimed on the due date, In view of the following reason for more than Ten Years:

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- a) To evidence of having account with your bank branch we submit the following :
(Any one of the following should be submitted, which should have the account number and account holder's name)
 - 1) Pass book/ account statement,2) Cheque book(Un-used/ or counter foil of the used cheque leaves 3) counter foil for cash/ cheque remittance made to the account 4) Deposit receipt –in respect of claim towards Term Deposit accounts.
 - b) The old address at the time of account last operation and* present address is as under:

OLD ADDRESS	NEW ADDRESS AND MOBILE/PHONE NO.

- c) I am / we are submitted the following documentary for proof of identity and proof of present address.

For Proof of Identity: In addition to Aadhar card submits anyone document copy along with original for verification)

- 1) PAN Card 2) Voter,3) Passport, 4) Driving Licence, 5) Ration Card, 6) UIDI must

For Proof of Address: (Submit any one document copy along with original for verification
1) EB Bill, 2) Telephone Bill, 3) Bank Account Statement 4) Letter from employer

- d) I/We request you to activate the account/ pay the amount held under unclaimed deposit to me /us.
- e) I/We are aware that if the claim amount is above Rs.20,000/- only account payee banker's Cheque /Demand draft will be issued in favour of the account holder/s.

(Signature / LTI of account holder/s)**

****Witness (I)**

****Witness (II)**

Note: (I) In a respect of the accounts held under joint names all the account holders should sign and ID proof and address proof should be submitted for all them.

(II) **If account holder/s is /are Illiterate and LTI is affixed, that should be witnessed by two persons known to the bank.

(FOR OFFICE USE)

Date of Activation / Disbursement...../...../.....

- **Verified the required evidences submitted by the claimant and found correct.**
- **Amount available to- credit of unclaimed deposit amount: Rs.....**
- **Amount paid to the account holder/s Rs.....**
- **If the amount is above 20000/-DD No.....Datedfor.....
Issued In favour of**

Clerk

Sub- Accountant

Branch Manger

Place:

Date: