Unclaimed Deposits /Inoperative Accounts: Claim Form

To **Date:**

The Branch Manager,
The Gooty Co-Operative Town Bank Ltd.,
Branch
Anantapur District, Andhra Pradesh.

Subject: Claim Request for DEAF (Unclaimed Deposit) / Inoperative Account Balance

Dear Sir / Madam,

I am writing to request the activation and settlement of the balance lying in my / the account holder's inoperative / unclaimed deposit account at your branch. The details of the account are as follows:

- **Account Holder Name:** _____
- **Account Number / FD Receipt No.:** _____
- **Type of Account:** Savings Account / Fixed Deposit / Current Account
- **UDRN / DEAF Reference No. (if listed):** _____

Status of Account *(Tick the applicable option)*:

- [ ] **2+ Years Inoperative:** The account has been inactive for over 2 years. I request you to reactivate the account through Re-KYC.
- [ ] **10+ Years DEAF Transfer:** The account balance has been transferred to the RBI DEAF Fund. I request you to process my claim and transfer/credit the balance along with applicable interest.

Enclosed Documents:

1. Self-attested copy of Identity Proof /Adders proof (Aadhaar Card / PAN Card / Voter ID)
2. Original Passbook / Fixed Deposit Receipt
3. Recent Passport-sized Photographs
4. *(For Legal Heir/Nominee)* Copy of Death Certificate & Claim Form

I request you to verify these documents and process the claim or account activation at the earliest.

Thank you. Yours faithfully,

(Signature of Claimant)
Name: _____

Mobile Number: _____

Address: _____

Email ID: _____