

UNCLAIMED DEPOSITS: COMMON CLAIM APPLICATION FORM (SELF)

To IndusInd Bank, Branch Manager Branch <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>	UDRN No.* (if available): <input style="width:100%;" type="text"/> Customer Address: <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> PIN: <input style="width:100%;" type="text"/> Mobile No.: <input style="width:100%;" type="text"/> Date: <input style="width:100%;" type="text"/> E-mail ID: <input style="width:100%;" type="text"/>
--	--

*Can be referred from the Bank's website: <https://www.indusind.com/in/en/microsites/forms/unclaimed-deposit.html>

Dear Sir / Madam,

1. I furnish the following details / documents for activating the account / payment of the balance amount from my account.

- Name of the Customer's:
- Type of Account: Savings Bank Current Account Term Deposits DD Others
- Old Account No.: New Account No.:

1 st Applicant Recent Passport Size Photograph (Sign Across)	2 nd Applicant Recent Passport Size Photograph (Sign Across)
--	--

Amount transferred to DEAF: Date of Amount Transferred:

2. I/We could not operate account due to

3. Applicable in case of DD: DD No.: DD Amount:
 Payable at: Date of DD Purchased:

The above-mentioned DD has been (lost, misplaced, etc.) or please find enclosed DD

In case the DD / PO is lost, ensure that sureties are not Branch staff and also ensure that all the documents are obtained as per guidelines mentioned in the SOP for lost DD.

4. I/We am/are submitting herewith my/our KYC documents (original documents for Bank's verification and copy of the same for Bank's record) mentioned as under along with my recent photograph and request to claim the balance in my account.

S. No.	Name of the account holder (s)	KYC Document (s) (OVDs*) with details
1.		
2.		

*OVDs: **Proof of Identity:** Passport/ Voter ID Card/ Driving Licence/ Proof of possession of (Aadhaar)/ NREGA Job Card/ Letter issued National Population Register (NPR) (any one of the documents) | **Proof of Address:** Same OVDs as above.

DECLARATION

- I /We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I /We certify that the unclaimed account as per details displayed on the website of the Bank belongs to me / us and as owners of the account I /we claim the amount.
- I /We also understand that I /we will be required to procure and submit documents necessary to establish my/ our claim till final settlement and also agree to execute the required documents to settle the claim.
- I /We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Name of the Claimant (s)	Signature (s)

(Two witness acceptable to Bank is required in case of claimant (s) are illiterate)

Name and address of Witness	Signature (s)

(Please turn over)

CUSTOMER ACKNOWLEDGMENT SLIP (to be filled in by Bank Official)

Request No.: Date:

Employee Name:

Received a request from for claiming balance outstanding in Unclaimed Deposits /

(A/c No.)

Bank:

Branch:

Signature of Bank Official with Bank Seal

