

BANDA URBAN CO-OPERATIVE BANK LTD.- BANDA.

BRANCH -

CLAIM FORMAT FROM THE NOMINEE TO THE BANK TO	
RECOGNIISE THE CLAIM TO THE DEPOSIT/ARTICLES/ SAFE	SL.NO
CUSTODY LOCKER.	
I, Shri/Smt./Kumari	, W/o
Shri/ Smt	
R/o	
Nominee/appointed on behalf of the minor nominee, hereby declare that I nominee/guardian appointed on behalf of the minor nominee of the decea	sed Shri/Smt.
I further declare that I am nominated to claim the deposit monies/articles custody locker with Banda Urban Co-operative Bank Ltd. Banda Branch	held in safe
Shri/Smt	Deceased.
The deposit monies/articles held in safe custody/safely locker are held in locker Nosaf	
noof Shri/ Smt	
Shri/Smt	
	Cignoturo
	Signature
Address:	
Date	
Mo. No	Contd.

Witness: 1. Magistrate or Judicial Officer	1(Sign.)
2. An Officer of the Central/state Govt.3. Two persons acceptable to the bank	Name:
Address:	
PAN No.:	Adhar No.:
Mob.No.:	Occupation
2.Name	(Sign.).
Address:	
PAN No.:	Adhar No.:
Mob. No.:	Occupation
(<u>For 0</u>	ffice Use Only)
Verified all the particulars mentioned in	claim form by Shri/Smt
(nominee) of Shri/ Smt	(Deceased)
Balance in A/c (with Int.)	
Mode of payment	
Claim settled/ recorded in register/ led	ger. Original pass book/ Deposit Receipt/ Other
related documents (if not), obtained inde	mnity bond.
Signature : Deptt. In-Charge	Signature : Branch Manager
Date:	Date: