

## **Unclaimed Deposits: Claim Application Form (Self)**

|  | Trefamilieu Deposits   |  | ation I of in (Sen)   |
|--|--|--|---|
| The Branch Manager   | UDRN No. (if available):   |  |   |
| CSB Bank<br>Branch:  | Address:   |  |   |
|  | Pin:   |  |   |
|  | Mob. No.   |  | Email:  |
|  | Date:  |  |   |
| my account.  Name of the Customer (s)  | ):   | C  | account / payment of the balance amount from  |
| ••   |  |  | ☐ Term Deposits ☐ Others  |
| <ul><li>Account No.:</li></ul>   |  |  |   |
| _  | rewith my /our K   | YC documents   | s (original documents for Bank's verification and g with my recent photograph and request to claim  |
| S. Name of the account holder (s) No.  |  | KY   | C Document (s) (OVDs*) with details   |
| 1.   |  |  |   |
|  |  |  |   |
| 2.   |  |  |   |
|  |  |  |   |
| the account I/we claim the am • I/We also understand that I/ w settlement and also agree to ex | d above are true and account as per detail tount.  The will be required to execute the required details. | correct to the best<br>ls displayed on the<br>o procure and su<br>locuments to settl | of my/our knowledge and belief. e website of the bank belongs to me / us and as owners of bmit documents necessary to establish my/our claim till |
| Name of the Claimant (s)   |  |  | Signature (s)   |
|  | · · · · · · · · · · · · · · · · · · ·  |  | <b>.</b> ,  |
|  |  |  |   |
| (Two witness acceptable to Bank is required in case of claimant (s) are illiterate)            |  |  |   |
| Name and address of witness  |  |  | Signature (s)   |
|  |  |  |   |
|  |  |  |   |
| Custo  | omer Acknowledg  | ment slip (to be   | filled in by Bank official)   |
| _  |  |  | A/c No).  |

CSB Bank Branch:

Signature of Bank Official with Bank seal Date: