

Branch _____

Email : _____

Phone : _____

Fax : _____

Date | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Annexure - III**Unclaimed Deposits/Inoperative Accounts
Claim Form****Space
for
Photograph**The Business Unit Head
J&K Bank

Dear Sir/Madam

I/We, the undersigned Mr. / Mrs. / Ms. / Dr. _____ for self Self _____
& on behalf of Others (please specify)* _____
request for activation of SB/CD account no-----/settlement of claim, for
deposit account(s)----- held with your Bank in the names(s)
of Mr./ Mrs. / Ms. / Dr. _____

Claim details

Name of the Deposit Holder/s : _____

Address : _____

Type of Account _____

Account Number _____

I understand that the claim will be settled post due diligence and authentication of documents
as per the Bank's policy and guidelines.

Yours faithfully,

Signature: _____

Name: _____

Address : _____

Contact No.: _____

Customer Acknowledgment slip (to be filled in by Bank official)

Received a request form Mr. / Mrs. / Ms. / Dr. _____ Date: ____/____/____
_____, for activation of /claiming Unclaimed
Deposits _____

B.Unit _____

Signature of Bank Official with Bank Seal

* As per mandate for account operations.