

To be Stamped

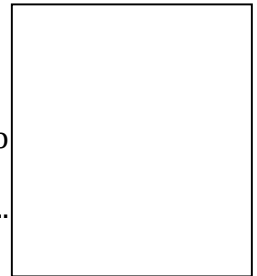


URBAN CO-OPERATIVE BANK LTD. - BAREILLY.

BRANCH - _____

CLAIM FORMAT FROM THE NOMINEE TO THE BANK TO RECOGNISE THE CLAIM TO THE DEPOSIT/ARTICLES/ SAFE CUSTODY LOCKER.	SL. NO.
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I, Shri/ Smt./ Kumari..... S/o, D/o, W/o
 Shri/ Smt.....
 R/o.....



Nominee/ appointed on behalf of the minor nominee, hereby declare that I am the nominee/ guardian appointed on behalf of the minor nominee of the deceased Shri/ Smt. S/o, W/o

I further declare that I am nominated to claim the deposit monies/ articles held in safe custody locker with Urban Co-operative Bank Ltd. Bareilly Branch by Shri/ Smt Deceased.

The deposit monies/ articles held in safe custody/ safely locker are held in Account No. locker No safe custody receipt no. of Shri/ Smt Deceased.

Shri/Smt.
 (Nominee/ appointed on behalf of minor nominee) 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

.....
(For Office 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/ ledger. Original pass book/ Deposit Receipt/ Other related documents (if not), obtained indemnity bond.

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Signature : Deptt. In-Charge

.....
Signature : Branch Manager

Date :

Date :