



**UNCLAIMED DEPOSITS (DEA FUND): CLAIM FORM**

The Branch Manager  
The Nainital Bank Ltd,  
Branch:  
Date:

Dear Sir/ Madam,  
I/We the undersigned request for **Unclaimed Deposit** for Deposits account(s) held with your Bank in the name(s) of Mr./Mrs./Ms/Others\_\_\_\_\_

Name:  
Account No:  
(with documentary proof)

Name of Claimant(s)  
\*the capacity of Self  Nominee  Legal Heir  Others (please specify)

Communication Address with PIN Code:  
Mobile number:  
(with documentary proof)

I/We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy. I/We undertake to submit the document as may be necessary for the Bank to process the claims and agree to execute the required documents to settle the claim.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

Date:  
Received a request from Mr./Mrs./Ms. \_\_\_\_\_  
for claiming Unclaimed Deposits.

Signature with seal :

Name of the Bank Official:



**NAINITAL**BANK

THE NAINITAL BANK LTD.