



THE NAGALAND STATE COOPERATIVE BANK LTD.

Form for Claiming the Unclaimed Deposit Amount

To
The Chief/Senior/Branch/Asst/ Manager
The Nagaland State Cooperative Bank Ltd.
_____ Branch

Sir/ Madam,

Sub: Deposit Account No. _____ **in the Name** _____

Please refer to the list of Unclaimed Deposits / Inoperative Accounts available on Your Bank's Website/ Notice Board wherein the information of the account in the name of _____ with your _____ Branch is listed. The said account was not operated due to the reason

I/We, in the capacity of Self / Legal Heir / Nominee / Other (Please Specify) _____ request for settlement of claim. For deposit account(s) held with your Bank.

Claim Details: Name of Deposit Holder: _____

Communication Address: _____

I/We understand that the claim will be settled post **due diligence** and authentication of **KYC documents** as per the Bank's policy and Guidelines.

Yours faithfully Signature: _____

Name: _____

Address: _____

ContactNo.: _____

Customer Acknowledgment Slip (to be filled in by Bank Official)

Date ___/___/___

Received a request from Mr. / Mrs. / Ms. / Dr. _____, for claiming Unclaimed Deposits / Inoperative Accounts. KYC documents of identity and Address Proof have been verified with the **Original documents**.

The Nagaland State Cooperative Bank Ltd. _____ Branch

Signature of Bank Official with Bank Seal _____