Janata Sahakari Bank Ltd.,Pune Claim Form for Unclaimed Deposit Transfer to RBI DEA Fund

Form No.339

To, **Branch Manager**

Date:	/ /	/	

Branch Janata Sahakari Bank Ltd., Pune

Subject- Claim of Unclaimed Deposit Transfer to RBI DEA Fund

I / We would like to inform you that I / we maintain Accounts with your _____Branch and details as under.

Name of the A/c		A data a					
A/c No.		Address					
1. I / we couldn't operate the above mentioned account due to reason							
2. I / we understand that as per guideline issued by RBI, Bank has transferred the amount held in the aforementioned account to the DEA Fund of RBI.							
 I / We am/are herewith submitting KYC & AML related information supported with document's as per bank current KYC & AML compliance policy toBranch. 							
Applicable to other than term deposit							
To reactive the above account depositing Rsto the account thereafter please credit the amount transferred to DEAF to reactivated account.							
Applicable to term	deposit	~ ~	57				
I / We hereby authorise the bank to retrieve the amount of the term deposit transferred to DEA Fund of RBI and also request to (Note - Please tick on right (√) option)							
Credit the a	mount with interest as applicable	to my/our SB / CA	Account	Or			
Make a term deposit of the amount (Separate Term Deposit Opening Form – Form – 303 to be filled.) Or							
Issue a PO/DD in my/our favour.							
Transfer the amount through NEFT/RTGS as Per details below.							
Beneficiary Name	IFSC Code						
Bank Name		My/Our A/c No. (1	5Digit)				
Branch Name		Confirm above A/	c No.				
Customer Name & Signature Name & Signature of BM / ABM With Emp. Code & Stamp							
(Branch to verify and authenticate the KYC & AML related document Submitted by the Customer with the originals & Signature of the customer with the specimen signature)							
Acknowledgment to Customer Date://							
Received a request from for							
claiming unclaimed deposit / DEAF or inoperative of account number							
Janata Sahakari Bank Ltd., Pune Name & Signature of BM / ABM							
Branch with Emp. Code & Stamp							