

Unclaimed Deposits / Inoperative Accounts refund form – Claim Form

Date:

The Branch Head Airtel Payment

From:

Dear Sir/Madam I/We, the undersigned Mr. / Mrs. / Ms. / Dr. _____ in the capacity of

- Self
- Nominee
- Legal Heir
- Authorized Signatory

Request for 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:

Account number:

Communication Address:

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.: