

Unclaimed Deposits: Common Claim Application Form

TI	ne Branch Manager	UDRN No. (if available):			
	ank:	Address:			
В	ranch:		Pin:		
		Mob. No. Email			
		Date:			
I fu	ar Sir / Madam, rnish the following detail ount from my account.	s / documents for activating the account / payment or	the balance		
	Name of the Customer(Type of Account: Saving Account No.:	gs Bank/ Current account/ Term Deposits/Others	-		
2.	I/ we could not operate	account due to			
3.	I / We confirm that I / W along with recent photo	eare submitting have submitted my /our kgraph.	YC documents		
Sr.	Name of the account	KYC Document (s) (OVDs*) with details	Re-KYC has been		
No.	o. holder (s)	(Applicable if ReKYC is not updated)	updated in the syster as on (Date)		
1.		, , ,	,		
2.					
*Ind	ividuals: Documents required for I	ReKYC , please visit HDFC Bank Website > Insta Customer Services > Form	Centre > Personal >ReKYC		
*Noi >Rek	n-Individuals: Documents required cyc	l for ReKYC , please visit HDFC Bank Website > Insta Customer Services > F			
Dec	claration:				
	and belief. I / We certify that the ubelongs to me / us and I / We also understand to establish my/ our cladocuments to settle the I / We understand that	facts stated above are true and correct to the best of nclaimed account as per details displayed on the web as owners of the account I /we claim the amount. that I/ we will be required to procure and submit doci im till final settlement and also agree to execute the reclaim claim will be settled post due diligence and authenticated to bank's process & policy.	site of the bank uments necessary equired		
•	I/We request to refund	the funds through the below:			
	☐ Transfer to existing H☐ Demand Draft / NEFT	DFC Bank Account Number:			

	Name of the Clain	nant (s)		Signature (s)
Two witness in case of c	claimant (s) are illite Jame and address o			Signature (s)
	iame and address c	or withess		Signature (3)
For Branch Use:				
Customer signed in	Employee Code	Employee Name	Si	ignature
my presence & Signature verified by				
Signature verified by	l	1		
Branch Manager / BDA C	<u>Certification:</u>			
confirm that				
	ocuments have bee	n obtained for all the a	ccount ho	olders.
Validity of Identity ar				
In case of joint holde	· ·			
"Original Seen & Ver		·		
•		ntity's letterhead for No		
•		itity s ictterricad for ive	n Individ	ual accounts
 Neuvesi leitet (145 0) 	en signed by all th	·	on Individ	ual accounts.
·		e account holders.		
·		e account holders.		
·		e account holders.		
·		e account holders.		
The account holder(s	s) name and signatu	e account holders.		
The account holder(s	s) name and signatu	e account holders. ure as per system tallie		e documents collected.
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The account holder(s	s) name and signatu	e account holders. ure as per system tallie		e documents collected.
BM / BDA Employee Code	BM /	e account holders. ure as per system tallie BDA Name	s with the	e documents collected.
BM / BDA Employee Code Customer Acknowledge	BM /	BDA Name filled in by Bank office	s with the	Signature
BM / BDA Employee Code Customer Acknowledge	BM /	BDA Name filled in by Bank office	s with the	Signature for claiming balance
BM / BDA Employee Code Customer Acknowledge Received a request from outstanding in Unclaiment	BM /	BDA Name filled in by Bank office	cial)	Signature for claiming balance
BM / BDA Employee Code Customer Acknowledge Received a request from outstanding in Unclaimed	BM /	BDA Name filled in by Bank office Signature of Bank	cial)	Signature for claiming balance
BM / BDA Employee Code Customer Acknowledge	BM /	BDA Name filled in by Bank office	cial)	Signature for claiming balance

RBI DEAF Request Letter V3 Date:02-July-2025