



CUSTOMER REQUEST FORM

Unclaimed Deposits/Inoperative Accounts

<p>Photograph</p>

The Branch Head
J & K Grameen Bank
BO: _____

Dear Sir/Madam

I/We, the undersigned Mr./Mrs./Ms. _____ for self/
on behalf of others (please specify)* _____ request for
activation/refund unclaimed deposits of SB/CD account no.
_____/settlement of claim, for deposit
account(s) _____ held with your branch in the
name of Mr./Mrs./Ms. _____.

Claim details

Name of the Deposit Holder/s: _____

Address: _____

Type of Account: _____

Account Number _____

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,

Date:

Signature _____

Name _____

Address _____

Contact Number _____

E-mail Address _____

*As per mandate for account operation

Customer Acknowledgement slip (to be filled in by Bank Official)

Date:

Received a request from Mr./Mrs./Ms. _____, for
activation of/Claiming Unclaimed Deposits of Account no. _____.

Branch _____

(Signature of Bank Official with Bank Seal)