

Unclaimed Deposits / Inoperative Accounts Claim Form

Date:

The Manager
Sumitomo Mitsui Banking Corporation
_____ Branch

Dear Sir/ Madam,

I/We the undersigned Mr./Mrs./Ms/_____ the capacity of Self/ Nominee/ Legal Heir/ Authorised Signatory as per BR dated_____/Others (please specify)_____ request for settlement of claim, for Deposits account number _____ held with your Bank in the name(s) as mentioned below,

Mr./Mrs./Ms/_____

Kindly remit proceeds via RTGS/NEFT/Demand draft as per details below :

Name of Claimant (With documentary proof) :
Account number :
Details of Beneficiary bank branch :
IFSC code :
Communication Address with PIN Code :

Authorised Signatories

Declaration:

- I / We certify that the facts stated above are true and correct to the best of my/our knowledge and belief.
- I/We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.
- I/We undertake to submit the document as may be necessary for the Bank to process the claims and agree to execute the required documents to settle the claim.

Authorised Signatories

Name :
Place :

Customer Acknowledgment slip (to be filled in by Bank official)

Date:

Received a request from Mr./Mrs./Ms. _____ for claiming
Unclaimed Deposits/Inoperative Accounts.

Accepted by Bank Stamp and date.