

Unclaimed Deposits/ Inoperative Accounts – Application Form

Dated: _____

The Branch Manager
Capital Small Finance Bank Ltd.
Branch _____

From _____

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

- Self Nominee
 Legal Heir Others (please specify) _____

request for settlement of claim, for deposit account(s) held with your Bank in the names(s) of Mr./ Mrs. / Ms. _____

Claim details:

Name of Deposit Holder: _____

Account No. Details: _____

Communication Address: _____

I/ We understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.

• **Identity Proof**

- Passport Aadhaar
 Driving License Voter Card
 Others, if any _____

• **Documentary Evidence in support of Claim**

- Passbook Cheque Book
 Deposit Confirmation Advice Others, if any _____

Signature of Applicant(s): _____

Name: _____

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

Date: _____

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

Signature of Bank Official with Bank seal _____