



Unclaimed Deposits / Inoperative Accounts – Claim Form

Date:

The Branch Head

From:

SBM Bank (India) Ltd.

_____ Branch

Dear Sir/Madam

I/We, the undersigned Mr. / Mrs. / Ms. / Dr. _____ 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. / Dr. _____

Claim details

Name of the Deposit Holder :

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.:

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

Date: ____/____/____

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

SBM Bank (India) Ltd. _____ Branch

Signature of Bank Official with Bank Seal _____