

Unclaimed Deposits/ Inoperative Accounts - Claim Form

Date: _____

From:

Mr /Ms _____

To

The Branch In-Charge

Unity Small Finance Bank Limited

_____ Branch

Sub: To allow operation in my/our _____ Account no. _____.

I/We hereby state that the account/s is /are unclaimed / inoperative due to _____.

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 name(s) of Mr. / Mrs. / Ms. / Dr. _____

Claim details:

Name of the Deposit Holder: _____

Communication Address: _____

I/We further assure you that henceforth I/We will regularly operate the account/s & always maintain minimum balance as per the bank's norms.

I/We hereby submit the KYC updation form alongwith KYC documents / latest photograph.

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

Yours truly,**(Sign of all account A/c Holder(s))**

Contact details:

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

Date: __/__/____

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

Unity Bank _____ Branch

Signature of Bank Official with Bank Seal _____