



भारतीय स्टेट बैंक
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STATE BANK OF INDIA

Unclaimed Deposits /Inoperative Accounts: Claim Form

Date: _____ From.....

The Branch Manager

State Bank of India,

_____ Branch

Dear Sir/ Madam,

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

the capacity of

Self

Nominee

Legal Heir

Others (please specify)

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

Name Account No. and Other details:

(with documentary proof)

Name of Claimant(s) :

Communication Address with PIN Code:

DOB PAN No. Passport No. Tel/Mob.No.

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.

Signature: _____

Name : _____

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

Date:

Received a request from Mr./Mrs./Ms. _____ for

claiming Unclaimed Deposits/Inoperative Accounts.

State Bank of India

Signature of Bank Official with Bank seal

Branch _____ Code _____



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बैंकिंग परिचालन विभाग,
खुदरा व्यवसाय एवं परिचालन,
कॉर्पोरेट केन्द्र,
6वा मजला, स्टेट बैंक भवन,
मादाम कामा रोड,
मुंबई - 400029.

बैंकिंग परिचालन विभाग,
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Retail Business & Operations,
Corporate Centre,
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