

APPLICATION FOR CLAIMING THE AMOUNT IN UNCLAIMED DEPOSITS

То	Date:
The Branch Head	
The Bharat Co-op. Bank (Mumbai) Limited,	
Branch	
Sir/ Madam,	
	-
Ref: Savings Bank/Current/BDD/Tern	1 Deposit Account No.
I/ We, am/are having above mentioned Sa	vings Bank/Current/BDD/ Term Deposit* Account
-	uld not operate/renew* the above said account
	nience. I/We confirm that the account displayed
	and I/we wish to claim the amount of the said
ara a a sund	
account.	
Therefore, I/We, hereby request you to revive	e/renew/close the above mentioned account/s.
Documents as required by you will be submi	tted.
, , ,	
Thanking you,	
Yours faithfully,	
,	
Mr/Mrs/Ms	
, <u> </u>	
Address:	
	-
	-
	-
	_
Tel/Mobile :	

*Please tick whichever is applicable.