FORM -45

To be stamped

URBAN CO-OPERATIVE BANK LTD. - BAREILLY.

BRANCH - _____

CLAIM FORMAT FROM THE NOMINEE TO THE BANK TO RECOGNIISE THE CLAIM TO THE DEPOSIT/ARTICLES/ SAFE CUSTODY LOCKER.	SL. NO. ……

I, Shri/ Smt./ Kumari…….. S/o, D/o, W/o

Shri/ Smt……

R/o……

Nominee/ appointed on behalf of the minor nominee, hereby declare that I am the nominee/ guardian appointed on behalf of the minor nominee of the deceased Shri/ Smt. …… S/o, W/o ……..

I further declare that I am nominated to claim the deposit monies/ articles held in safe custody locker with Urban Co-operative Bank Ltd. Bareilly Branch …… by

Shri/ Smt ……. Deceased.

The deposit monies/ articles held in safe custody/ safely locker are held in Account No. …….. locker No …….. safe custody receipt no. …… of Shri/ Smt …… Deceased.

Shri/Smt. …… ……..

(Nominee/ appointed on behalf of minor nominee) Signature

Address :……

…….. Date ……..

Mo. No. ……

Contd.

Witness:

1. Name: …… …… (Sign.).
   Address: ……
   PAN No.: …… Adhar No.: ……
   Mob. No.: …… Occupation……
2. Name …… …… (Sign.).
   Address: ……
   PAN No.: …… Adhar No.: ……
   Mob. No.: …… Occupation ……

(**For Office Use Only**)

Verified all the particulars mentioned in claim form by Shri/ Smt. ……
(Nominee) of Shri/ Smt. …… (Deceased)
Balance in A/c (with Int.) ……
Mode of payment ……
Claim settled/ recorded in register/ ledger. Original pass book/ Deposit Receipt/ Other related documents (if not), obtained indemnity bond.

…… ……..

Signature : Deptt. In-Charge Signature : Branch Manager

Date : …… Date : ……