

Form-V

(Proforma of Claim form)

From: (Address of the depositor)

To:
The Branch/Chief Manager
Arunachal Pradesh Rural Bank
_____ Branch

Dist:

Dear Sir,

CLAIM REQUEST LETTER UNDER DEAF SCHEME:

I, _____ S/o. Shri _____ having account (SB/CA/TD) account bearing No. _____ with your Branch and having a balance of Rs. _____/- and it is not operative since _____.

2. Reasons for not operating: _____.

3. Now, I propose to operate my account, I furnish the following documents for your consideration.

- a) The KYC essentials copy of identity proof address proof
- b) Copy of Adhaar card
- c) Original pass book/TDR receipt etc evidencing the amount held in my account.
- d) Copy of Passport/PAN card

4. I request you to permit me/us to operate my account with your branch. Yours

faithfully,

(Signature of the customer)

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BRANCH USE:

We confirm the identification of the depositor/customer and the details of the depositor were verified / scrutinized by us, found correct, and genuine. We confirm that the above claim has not been made earlier by the customer and not claimed from DEAF. Particulars of the deposit amount transferred to DEAF:

- 1. SI.No. in DEAF Remittances Register:
- 2. Name of the Depositor/customer
- 3. Account No.
- 4. Amount & Date of transfer to DEAF:
- 5. Interest from the date of amount to DEAF and to the date of submission of the claim: At _____% Rs.

We recommend to settle the claim amount of Rs. _____ (including interest) in favour of Shri/Smt. _____ S/o./ w/o. _____ R/o.

Date: _____ Accountant

SANCTION BY BRANCH MANGER / CHIEF MANGER

Sanctioned Rs _____/- and permitted to settle the claim in favour of

Shri/Smt _____

S/o / W/o _____ R/o. _____ which was transferred to DEAF.

Date: _____ Branch Manager/Chief Manager

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CERTIFICATE OF CONCURRENT AUDITOR/ INTERNAL AUDIOTR

We certify that the details given above are true as per the records of the Branch and verified by me and found to be correct.

Date:

Signature of the Concurrent Auditor/Internal Auditor
(Name of the Auditor with Stamp)