Unclaimed Deposits: Common Claim Application Form (DEAF Activation / Closure)

The Branch Manager	UDRN No. (if available):
IDFC FIRST BANK	Address:
Branch:	State:
Sol ID:	Pin:
Date:	Mob. No:
	Email:

I/We, undersigned Mr. / Mrs. / Ms. _____ in the capacity of

☐Self ☐Nominee ☐Legal Heir

☐Others (please specify) _____ Request for settlement of claim, for below mentioned account(s) held with your Bank:

Details of the account/s are as below:

Sr.no	Name of Account Holder(s)	Account Number

**OVDs: Proof of Identity: Passport/ Voter ID Card/ Driving Licence/ Proof of possession of (Aadhaar)/ NREGA Job Card/ Letter issued National Population Register (NPR) (any one of the documents)*

Proof of Address: Same OVDs as above

Reason for non-operation of account is _____

Request you to transfer the amount in my account.

1. I understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines
2. I have received the information regarding my account moved into DEAF from
   ☐UDGAM Portal ☐ Bank's website
   ☐ Others (Please specify) _____

3. I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
4. I / We certify that the unclaimed account as per details displayed on the website of the bank belongs to me / us and as owners of the account I /we claim the amount.
5. I / We also understand that I / we will be required to procure and submit documents necessary to establish my / our claim till final settlement and also agree to execute the required documents to settle the claim.
6. I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.

Signature(s)

1st Account Holder	2nd Account Holder	3rd Account Holder

(Two witnesses acceptable to Bank are required in case claimant (s) are using thumb impression)

Name and address of witness	Signature (s)

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

Date: ____/____/_____

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

IDFC First Bank_____ Branch

Signature of Bank Official with Bank Seal _____