

Application to Activate UNCLAIMED account

Date : _____

Account No. (full) : _____

Particulars	First Holder	Second Holder	Third Holder
Latest Photograph			
Name			
Present Address		NOT TO BE FILLED	NOT TO BE FILLED
Mobile No.			
PAN No.			
Date of Birth			
Reason(s) for not operating the account		NOT TO BE FILLED	NOT TO BE FILLED
Documents submitted : 1 2 3			
Signature as per Bank's record			
Remarks/ Additional details if any			

----- For Office Use Only -----

Form alongwith all required papers received on : _____

Signature of verifying officer:

Branch Name:

----- For HEAD OFFICE Only -----

Unclaimed Account No. _____

Unclaimed Amount Rs. _____ Paid on: _____