

Unclaimed Deposits / Inoperative Accounts –DEAF Claim Form

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

Date: DD/MM/YYYY

Service Request No.:

To,

Jana Small Finance Bank Ltd.

_____ Branch

I/We, the undersigned Mr. / Mrs. / Ms. _____ In

the capacity of Self Nominee Legal Heir Others (please specify) _____

Details of the account/s are as below:

CRN	Deposit Account Number	Mode of Operation

1. I/we hereby request you to Activate the account Close the above mentioned account/s
(Please submit separate account closure form as per bank's standard format)
2. I understand that the claim will be settled post due diligence and authentication of documents as per the Bank's policy and guidelines.

Thanking You

Yours faithfully,

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

Date: ___/___/___

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

_____ Branch

Signature of Bank Official _____