



**THE ADILABAD DISTRICT COOPERATIVE CENTRAL BANK LTD., ADILABAD**

**Head Office - Cinema Road, Adilabad**

**District Adilabad - Telangana - 504001**

**Phone : 08732 - 232339 , 232223 ; Email : ceo\_adb@adbdcdb.org ; Url : <https://www.adilabadcccb.in>**

**Unclaimed Deposits – Claim Form**

Date:

The Branch Manager

ADCC Bank Ltd.,

\_\_\_\_\_ Branch

Dear Sir/Madam,

I/We, the undersigned Mr. / Mrs. / Ms. / Dr. \_\_\_\_\_  
in the capacity of

- ☐ Self      ☐ Nominee  
☐ Legal Heir      ☐ Others (please specify)

Request for settlement of claim, for deposit account(s) held with your Bank in the names(s) of Mr. / Mrs.  
/ Ms. / Dr. \_\_\_\_\_

Claim details :

Name of the Deposit Holder : \_\_\_\_\_

Communication Address : \_\_\_\_\_

I understand that the claim will be settled post due diligence and authentication of documents as per  
the Bank's policy and guidelines.

Yours faithfully,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address :

Contact No.:

**ACKNOWLEDGEMENT**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received a request form Mr. / Mrs. / Ms. / Dr. \_\_\_\_\_, for  
claiming Unclaimed Deposits.

ADCC Bank Ltd., \_\_\_\_\_ Branch      Signature of Bank Official with Bank Seal \_\_\_\_\_