

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

The Branch Manager Axis Bank Branch: Sol ID:	UDRN No. (if available):	
	Address:	
	State:	Pin:
	Mob. No.	Email:
	Date:	

Dear Sir / Madam,

I/We furnish the following details / documents for activating the account / payment of the balance amount from my account (closure).

- Name of the Customer (s): _____
- Select type of account: Savings Bank/ Current Account/ Term Deposits/Others
- Account No.: _____
- Customer id: _____

(1) I/ we could not operate account due to (mention reason)

(2) I/we would like to (select as applicable):

- ☐ Activate the account
 ☐ Closure of account

(3) In case of closure of account, please select any one reason-

<input type="checkbox"/> Deficiency in Branch Services	<input type="checkbox"/> Moving to another Bank- Foreign/ Private Bank
<input type="checkbox"/> Monthly/ Quarterly/ Half yearly charges on higher side	<input type="checkbox"/> Moving to another Bank- Nationalised/ Co-operative Bank
<input type="checkbox"/> Shifted to other location where there is No Axis Bank	<input type="checkbox"/> Opening the account in some different scheme code
<input type="checkbox"/> Dissatisfied with the present product offering	<input type="checkbox"/> Deceased case/ Change in constitution/ Legal case
<input type="checkbox"/> Monthly/ Quarterly/ Half yearly balance on higher side	<input type="checkbox"/> Other relationships with the Bank are closed

(4) Desired mode for receipt of closure proceeds:

- ☐ Issue demand draft
 ☐ Credit to another Axis Bank account _____
(third party not allowed)

(5) I/We am/are submitting herewith my/our self-attested KYC documents (original documents for Bank's verification and copy of the same for Bank's record) mentioned as under along with my recent photograph and request to claim the balance in my account.

S. No.	Name of the account holder (s)	KYC Document (s) (OVDs*) with details
1.		
2.		
3.		

***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 or deemed OVD for the limited purpose of proof of address

Declaration:

- I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.
- 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.
- 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.
- I / We understand that claim will be settled post due diligence and authentication of documents and in subject to bank's process & policy.
- In case of account closure:
 - (a) Standing Instruction/ Demat Account/ Locker/ OSC, SB & Current A/cs, Credit Card(s), etc will be delinked from the account.
 - (b) I/We have already destroyed / authorized Axis Bank to destroy all Cheque Leaf / Books and ATM/Debit Card linked to above account.
 - (c) In case of non-individual account, necessary board resolution/ mode of operation letter shall be provided.

Signature of all account holder(s) / authorized signatory(ies) / claimant(s) is/are mandatory (in case of more signatories, please use another form)

Signature	Signature	Signature
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Name _____

Account Holder /
Authorized Signatory
Photo

Name _____

Account Holder /
Authorized Signatory
Photo

Name _____

Account Holder /
Authorized Signatory
Photo

Name and address of witness*	Signature (s)

(*Two witness acceptable to Bank is required in case of claimant (s) is/are illiterate)

Bank Use Only

Certified that this request is complete in all aspect & all relevant documents are obtained & verified mode of operation and signature of the account holder(s). I hereby also confirm that I have conducted Enhance Due Diligence of the customer by personally visiting and verified the address and line of activity thereof. The above information which has been completed by me is true and correct. I take complete responsibility for the details provided above in case the same are to be submitted to investigation authorities. The request may please be processed.

☐ Operations Head ☐ Branch HeadEMP No. S.S No. Designation: Name _____

Signature

Request received date: DD/MM/YYYY

Request processed date: DD/MM/YYYY

Acknowledgement

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

Received a request from Mr./Ms./Mrs./M/s _____ for claiming balance outstanding in Unclaimed Deposit A/c No _____.

Branch: _____

Date: _____

Signature of Bank Official with Bank seal _____

Name & Employee No: _____