## **URGENT** 5DAYS REFUND CLAIM APPLICATION



Date of Submission:

Ιh	e Branch Manager																	
be an da	r, I hereby request to en submitted and to nount as soon as pos te of claim submissi e Bye-laws.	full-fill t ssible. I	he cond also und	itions Ierstan	for u d tha	rgent It norm	claim. :	So, i	nitia aims	te n deli	ny/ ivery	our / pe	Ma riod	ture is 3	d/ F 60 da	Pre-l ays f	Mat rom	ured n the
1.	CLAIM FOR	:	(a) Mat	turity			(b) Pre-	Matu	rity					(c)	Dea	th C	laim	1
2.	TYPE OF AC	:	(a) Dail	y Depo	osit		(b) Mon	thly	Savir	ngs				(c)	Fixe	d De	epos	sit
		:	(e) Oth	ers (sp	pecify	/)												
3.	NEW <b>AC NO.</b>	:					OPEN [	DATE						. EN	1D _			
4.	1. Ac Holder Nam																	
	2. Account No.	: C. ID :																
	3. Opening Date	e : Closing Date :																
	4. Agent Name	e :Code:																
	5. Branch Name	:																
5.	NOMINEE NAME :	i																
	Address																	
6.	CAUSE OF PRE- N	MATUR	ITY :															
7.	SUPPORTING DOO	CUMEN	TS:															
8.	BANK ACCOUNT DETAILS FOR PAYMENT (Cancel Cheque/ Passbook photo copy attach herewith)																	
	1. Bank Name		:															
	2. Branch Name		:															
	3. Name in Accou	ınt	:															
	4. Account Numb	er	:															
	5. IFSC Code No		:															

I / We hereby declare that all amount on this deposit account has been finally closed. The Claim amount has been approved by me/us. Now I/We have no claim against the Organisation, what so ever! I/We would like to receive the Matured Value through my / our **Bank Account**, which provided by me/us hereof. Il have

## **FOR OFFICE USE ONLY**

1. Subscription Depos	sit :		
2. Interest Credit	:		
Gross Value	:		
(-) Charges Deduction	:		
Net refundable value	:		
(-) Transfer to Loan Ac	:		
(-) Transfer to New Ac	:		
(-) Tax deduction	:		
Net Payable	:		
Rupees			
PAYMENT MODE			
1. By Cash	2. By Cheque	3. Credit to Bank	Ac 4. Others
SETTLEMENT EXECU	JTIVE		
1. Initiate by			
	(Se	ettlement Assistant)	
2. No objection certifie			
	(Lo	oan Officer seal & signa	iture)
3. B.M. Approval			
	Branch Name		
			Scroll No. :
4. Sanctioned by	(Seal & Signature o	of M D )	Date of Payment :
	(Joan & Oignature 0	,, w.D.,	Remarks:
5. Authorised by			
	(Seal & Signature o	of chairman)	
6. Delivered by			
2. 20o. 04 by	(Seal & Signature o	of Cashier )	
			(Seal & signature of Accountant HQ)