

DEPOSIT CUSTOMER DETAILS OF CLAIMS-

1	2	3	4	5	6	7	8	9	10
SR. NO	NAME OF DEPOSITOR / CUSTOMER	TYPE OF A/C.WHETHER INTEREST BEARING/NON INTEREST BEARING DEPOSIT OR OTHER CREDITS	AMOUNT ORIGINALLY TRANSFERED TO DEAF W R T THE DEPOSITORS CUSTOMERS	DATE OF TRANSFER TO DEAF DD/MM/YYYY	AMOUNT PAID TO DEPOSITOR/CUSTOMER	DATE OF PAYMENT AMOUNT AT NO.6 DEPSITOR /CUSTOMER DD/MM/YYYY	DIFFERENCE BETWEEN REFUND CLAIMED FROM FUND AND AMOUNT TRANSFERED TO DEAF (6-4)	RATE OF INTREST CLAIMED FROM THE FUND FOR DIFFERENT TO PERIODS	PERIOD FOR WHICH INTERESTPAID FROM THE FUND ON INTEREST BEARING UNCLAIMED DEPOSIT TRANSFERRED TO DEAF NOOF YEAR / MONTH /DAYS (GIVEN PERIOD CORRESPONDING TO DIFFERENT DIFFERENT RATES OF INTEREST SPECIFIED BY RBI AND INDUPLICATE INTERVALS AT WHICH INTEREST IS COMPOUNDED )

Column 4 amount would be equal to column 6 amount of non-interest bearing deposits or other credits transferred to the fund.

There fore column (8) , (9) and (10) would be nil for such accounts.

We have verified all the details of claimant and found to be correct hence we recommend the claim .

Certified that the above claim have not earlier been made or rceived from the DEAF fund.

**Signature**  
Name of the Initiato

**Signature**  
Name of the Officer/ABM

**Signature**  
Name of the Branch Manager

**Designation (with S**

**Designation (with Stamp)**

**Place -**

**Date : - -2022**