

JANASEVA SAHAKARI BANK LTD., HADAPSAR, PUNE

DEA FUND CLAIM SETTLEMENT RECEIPT FORM

BRANCH -

Ref.

Date

To,

Accounts Department,

Head Office.

Sub - Regarding DEAF Account.

Name of the Depositor -

Name of the Claimant -

1) If, claim amount transfer to depositor account which status is not closed.

Type of Deposit	A/c No	Amount Received from HO	Date of Amount Settle	Amount Trf . to which A/c	Wheather A/c will acitive or closed Yes/No	Closed Date (If A/c closed)
SB						
CA						
FD						
OTHER						

2) If, claim amount can not be transfer to depositor account due to account status is closed.

Type of Deposit	A/c No	Amount Received from HO	Date of Amount Settle	Amount paid to customer through PO/NEFT/ RTGS	PO No.	PO Date
SB						
CA						
FD						
OTHER						

Customer Sign

Branch Officials Sign

Branch Manager Sign