

PUNE SAHAKARI BANK LTD.

Showroom No.3, Sr. No.215, East Block, Fortune Estate, Aakashwani, Pune
Solapur Road, Hadapsar, Pune-411 028

CLAIM FORM FOR DEAF (Depositor Education and Awareness Fund)

Date: / / 2026

To,
The Branch Manager,

I, -----hereby claim my amount of Rs. -----/- lying in
Account No. ____ which was transferred to RBI DEAF on / / due to non-
operation for 10 years. I am legal heir / account holder. Proof enclosed.

- 1) Death Certificate (if claim by heir).
- 2) Legal Heir Certificate / Succession Certificate.
- 3) Indemnity Bond Rs. 100/- Stamp Paper.
- 4) KYC of Claimant.

Claimant Signature:

Bank Verification: Claim verified with DEAF Register Page No. ----- . Claim
forwarded to HO for RBI claim.

Branch Manager