



Branch : \_\_\_\_\_

**CLAIM FORM**

Date : \_\_\_\_\_

Name of the Customer : \_\_\_\_\_

Type of Account : \_\_\_\_\_

Account No. : \_\_\_\_\_

Total Amount Trf to DEAF : \_\_\_\_\_

Date of Transfer : \_\_\_\_\_

KYC Documents Submitted : Y / N

Date : \_\_\_\_\_ Signature of the Customer

**(Please affix a rubber stamp in case of companies, proprietorships, partnerships, etc.)'**

*Certified that the particulars furnished above are correct as per our records*

Date : \_\_\_\_\_ Stamp & Signature of the Authorized official

**For Head Office use**

RECEIVED ON	
AMOUNT TO BE CLAIMED	
CLAIM SENT ON	
AMOUNT RECEIVED	