

# THE BUSINESS COOPERATIVE BANK LTD

RAJAN COMPLEX ARCADE, DATTA MANDIR CIRCLE, NASHIK ROAD -422101

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## DEAF CLAIM FORM

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

To,

The Branch Manager

\_\_\_\_\_ Branch

**Sub : Claim for DEAF Account.**

Respected Sir / Madam,

With reference to above subject, I the undersigned \_\_\_\_\_

request you to refund the amount sent to DEAF from my Saving / Current / Term Deposit

A/c No \_\_\_\_\_

My current address is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mobile Number \_\_\_\_\_

I have enclosed following documents for KYC purpose.

1. Photo
2. Identity Proof \_\_\_\_\_
3. Address Proof \_\_\_\_\_

Thanking you

Yours faithfully

Sign \_\_\_\_\_