

Process for claiming the unclaimed deposit/ activating the inoperative account

• As per DEA FUND guidelines, an account shall be classified as Inoperative Accounts (10 years and above) / Unclaimed Deposits if the same is not operated (other than interest credits and service charge debits) for 10 years and more from the date of last operation.

A search may be conducted with the name of the accountholder(s) (individual/entity) on Bank's website. If a match is found, the customer/ survivor/ legal heir/ authorised signatories, as the case may be, may lodge a claim for the Unclaimed deposits/ activate the account.

The claim process is as follows:

1. Claim by Self:

Customer may visit the base branch of the Bank and submit the Claim form (as per Annexure I) duly filled and signed along with a valid proof of identity, address & latest photograph. On verification of the same branch shall convert account into operative category and allow transactions in the account.

2. Claim by Legal Heir / Nominee:

For the claim process, the Legal Heir / Nominee can visit the base branch of the Bank and submit the required documents as advised by the Branch and has also to comply with the claim settlement process of the Bank.

3. Claim by Non-Individual:

For claim of Non-Individual accounts, the customer needs to submit the Claim form on the Company's/Firm's / Institution's letterhead duly signed by the authorized signatories along with their valid identity and address proofs. The customer may also be required to submit such other documents as may be requested by the Bank.

Note: Please carry original documents for verification.

For any further clarifications/ details on the procedure, you may visit the nearest Unity Bank Branch.



Annexure I

Unclaimed Deposits/ Inoperative Accounts - Claim Form

Date:			
From:			
Mr /Ms			
То			
The Branch In-Ch	arge		
Unity Small Finar	nce Bank Limited		
	Branch		
Sub: To allow ope	eration in my/our	Account no	·
I/We hereby state	that the account/s is /are uncla	imed / inoperative due to	·
I/We, the undersig	gned Mr. / Mrs./ Ms./ Dr		in the capacity of
□ Self		□ Nominee	
□ Legal Heir		□ Others (please spec	eify)
•	ment of claim, for deposit accou	•	` /
Claim details:			
Name of the Depo	osit Holder:		
Communication A	Address:		
	re you that henceforth I/We was per the bank's norms.	ill regularly operate the acco	ount/s & always maintain
I/We hereby subm	nit the KYC updation form alor	ngwith KYC documents / lat	est photograph.
I understand that t Bank's policy and	he claim will be settled post du guidelines.	e diligence and authentication	on of documents as per the
Yours truly,			
(Sign of all accou	nt A/c Holder(s))		
Contact details:			
Customer Acknov	vledgement slip (to be filled in	by Bank official)	Date://
-	et form Mr. / Mrs. / Ms. / Dr aimed Deposits/ Inoperative Ad		
Unity Bank	Branch	Signature of Bank Official v	with Rank Seal