UCIC No. ☐☐☐☐☐☐☐ Date : / /

To,
The Liquidator
RUPEE COOP. BANK LTD. (under Liquidation)
Plot No. BC/1,Gultekadi, Marketyard, Pune 411037

Dear Sir,

I/We,_____

_____

having following deposit accounts with your Bank & applying for the DICGC Claim up to the insurance coverage.

Sr.No.	Branch	Type of A/c.	Account No.	Amount in Rs.
1				
2				
3				
4				
5				
Total Deposits				

(Attach separate list in this format if necessary)

Kindly remit claim amount duly sanctioned by DICGC to my / our account in the following Bank as per cancelled cheque attached herewith.

Name of Account Holder/s	
Name of the Bank & Branch	
IFSC Code	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Account Type	No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I/We have not received any amount against my/our deposits under DICGC Claim from the Bank. I/We is/are submitting self attested copy of PAN and AADHAR Card for your verification and records.
I/We, hereby declare that the above mentioned details are true and correct.

	Sole / First Holder	Second Holder	Third Holder
Signature(s)	_____	_____	_____
Name :	_____	_____	_____
Add. :	_____	_____	_____
	_____	_____	_____
Mobile :	_____	_____	_____
Email ID :	_____	_____	_____
PAN :	_____	_____	_____
Aadhar :	_____	_____	_____

Details of Dues, if any (Attachments/Locker Rent/ Loan Liability & Surety Liability) : _____
_____

Checked, Confirmed & Submitted by		
Branch In-Charge, _____ Branch	Name :	Sign. :