

DEA Fund Claim Form

From:

----- (Name of the customer)

----- (Father/Husband Name)

----- (Address of the Customer)

----- (Mobile Number)

To:

The Branch Manager

The Prakasam District Cooperative Central Bank Ltd. Ongole

_____ Branch,

Dear Sir/Madam.,

Sub: Request for refund of amount transferred to DEA Fund.

I, _____ S/o D/o W/o Sri/Smt _____ having
account (SB/CA/TD) account bearing No. _____
with your Branch and having a balance of Rs. _____
(Rupees _____ Only).

It came to my notice that the said amount/s was/were transferred to DEA Fund with
RBI for the reason the account was not operated for more than ten years.

Now, I request you to refund the amount of
Rs. _____

(Rupees _____ Only) which was transferred to DEA
Fund with RBI along with eligible interest, if any, as per DEA Fund scheme guidelines.

Further, I furnish the following documents for your perusal and records.

- a) Copy of Aadhaar card, PAN card, Voter ID (Strike off inapplicable)
- b) Original pass book/TDR receipt etc evidencing the amount held in my account.

Yours faithfully,

(Signature of the customer)