THE KAPOL CO-OP BANK LTD



A Passport B Voter ID Card C Pan Card D Driving License E Aadhar Card F NREGA Job Card Z Others (any document notified by Central Govt.) Withdrawal against Hardship Payment (including Rs.10000/-) Date Amount Outstanding Dues (Locker Rent, Demat charges etc.) Date Amount Me hereby submit that I/we are willing to receive the amount of insurance coverage from DICGC in terms of Section 18A of 12GC Act, 1961 against the aforesaid deposit/s due to me/us from the bank upto the eligible coverage amount. I/We fully understat DICGC is liable to pay every depositor in 'same capacity and in the same right', the eligible amount subject to the limit of a urrance cover it. Rs. 5 lakh, and I/We are aware that on payment of the amount of insurance coverage DICGC does not have a bility to pay any further or additional amount in respect of the aforesaid deposits. the claims due and payable will be claimed by the bank on my/our behalf in terms of the claim settlement advice, for which I/M briefs the CEC / Manager of the bank to submit the requisite claim. No further claim beyond the coverage amount, which issently Rs. 5 lakh, will be made to DICGC through the bank from any of my/our account/s. The purpose of receiving the amount, alternate bank account details, alongwith necessary KYC documents as per the DICGC Claimedure is submitted for verification of the DICGC.	KYC Details									_		\							DIE	APOL CO	OPERATO	VC DANIE LT	
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