

KYC Details

Branch :	_____
Customer No. :	_____
Name :	_____
Address :	_____ _____ _____
Mob #	_____
Alternate #	_____
Email ID :	_____

I / We am / are holding deposits with The Kapol Co-Operative Bank Ltd., in respect of which directions have been issued /prohibition /order /scheme has been made providing for restrictions on depositors from accessing their deposits.

Details of all deposits held with the bank are as under :			
Sr. No.	Account No.	Type	Amount
1.			
2.			
3.			
		Total	

KYC Details	Number																				
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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

Alternate Bank Account		
Bank Name	IFSC Code	Account No.

I / We hereby submit that I/we are willing to receive the amount of insurance coverage from DICGC in terms of Section 18A of the DICGC Act, 1961 against the aforesaid deposit/s due to me/us from the bank upto the eligible coverage amount. I/We fully understand that DICGC is liable to pay every depositor in 'same capacity and in the same right', the eligible amount subject to the limit of the insurance cover i.e. Rs. 5 lakh, and I/We are aware that on payment of the amount of insurance coverage, DICGC does not have any liability to pay any further or additional amount in respect of the aforesaid deposits.

All 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/We authorise the CEO / Manager of the bank to submit the requisite claim. No further claim beyond the coverage amount, which is presently Rs. 5 lakh, will be made to DICGC through the bank from any of my/our account/s.

For the purpose of receiving the amount, alternate bank account details, alongwith necessary KYC documents as per the DICGC Claim procedure is submitted for verification of the DICGC.

Signature (1) _____ (2) _____ (3) _____

OFFICE USE ONLY

Signature, KYC, Alternate Bank Account details verified.

BRANCH MANAGER