

Form-V (Proforma of Claim form)  
From: (Address of the depositor)

BRANCH:  
DATE :

The Branch/Chief Manager  
Andhra Pradesh Grameena Vikas Bank  
\_\_\_\_\_ Branch

Dear Sir,

**CLAIM REQUEST LETTER UNDER DEAF SCHEME:**

I, \_\_\_\_\_ S/o. Shri \_\_\_\_\_ having account (SB/CA/TD) account bearing No. \_\_\_\_\_ with your Branch and having a balance of Rs. \_\_\_\_\_/- and it is not operative since \_\_\_\_\_.

2. Reasons for not operating: \_\_\_\_\_.
3. Now, I propose to operate my account, I furnish the following documents for your consideration. a) The KYC essentials copy of identity proof address proof b) Copy of Adhaar card c) Original pass book/TDR receipt etc evidencing the amount held in my account. d) Copy of Passport/PAN card
4. I request you to permit me/us to operate my account with your branch.

Yours faithfully,

(Signature of the customer)

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**BRANCH USE:**

We confirm the identification of the depositor/customer and the details of the depositor were verified / scrutinized by us, found correct, and genuine. We confirm that the above claim has not been made earlier by the customer and not claimed from DEAF. Particulars of the deposit amount transferred to DEAF:

1. Sl.No. in DEAF Remittances Register:
2. Name of the Depositor/customer
3. Account No.
4. Amount & Date of transfer to DEAF:
5. Interest from the date of amount to DEAF and to the date of submission of the claim:  
At \_\_\_\_\_% Rs. \_\_\_\_\_
6. We recommend to settle the claim amount of Rs. \_\_\_\_\_ (including interest) in favour of Shri/Smt. \_\_\_\_\_  
S/o./w/o. \_\_\_\_\_ R/o \_\_\_\_\_.

**SANCTION BY BRANCH MANGER / CHIEF MANGER**

Sanctioned Rs \_\_\_\_\_/- and permitted to settle the claim in favour of Shri/Smt \_\_\_\_\_ S/o / W/o \_\_\_\_\_  
R/o. \_\_\_\_\_ which was transferred to DEAF.

Date:

**Branch Manager/Chief Manager**