

Refund of Amount transferred to DEAF Fund - Request letter

Date:

Name of the Account holder :
Account No. :

Source of Claim : UDRN / Non UDRN
If UDRN provide UDRN Number:

Other remittance reference No
(Applicable for other than CASA account):

Mobile/Phone No. :

The Branch Manager

LVB is now DBS Bank India Limited,

B/O.....

Dear Sir,

I,....., confirm that I have not
operated my
above mentioned account for the following reason:

.....
.....

I request you to arrange for refunding the balance available in the said account. Please
update my address as under:

.....
.....
.....
.....

The necessary proof of address and identity documents is attached.

Regards

FOR BRANCH USE:

Identity and address proof are verified
with the originals produced by the Claimant
(Certified copy annexed) . Claimant has
signed before me and the signature is
verified with our records. We certify that
the claim is genuine and recommend for
refund.

(Signature of account holder/s)

(Signature of Branch Manager with
seal)
Encl: a/a