## The Malad Sahakari Bank Limited

## CUSTOMER REQUEST FORM FOR DEAF SETTLEMENT

1. Name of the Customer

2. Address :	
3. ID Proof: PAN Passport Election Card Driving License  Aadhar Card NREGA Card	•
4. Address Proof: Bill Tax Receipt A/c. Statement	*
Pension Order Government Document Passport  Election Card Driving License Aadhar Card  Document No. –	
5. Account Number —	
7. Payment Mode: Pay Order Cash RTGS/NEFT	
Please affix a passport size photo  Please affix a passport size photo  Please affix a passport size photo	
Signature Of Accountholder(s) —	_

Note: In Case of NEFT/RTGS please provide Cancelled Cheque of the Account, where the amount is to be remitted.

## For Office Use Only

This is to certify that we have verified the Xerox copies of Documents submitted with the

	*	
Signature of Manager/Bran	nch-Incharge	
Central Office's Comments	:	
	<u>Acknowledgement</u>	
Received DEAF Claim Form from -		for A/c. No
		•
Date -		
	-	