

Willingness for claiming Deposit Insurance Claims from DICGC
(Refer to Regulation 21A)

I / We,(Name of Claimant/s), am / are holding deposits with Bank, in respect of which directions have been issued / prohibition / order / scheme has been made providing for restrictions on depositors from accessing their deposits.

2. Details of all deposits held with the bank are as under:

No.	Account No.	SB / CA / FD / RD / others	Branch	Amount		
1						
2						
3						
4						
5						
6						
7						
8						
Total Deposits						
	Claimant 1		Claimant 2			
OVD Document						
OVD Number						
PAN Number						
Mobile						
Email						
Alternate Bank Name						
Alternate Bank A/c Number (verified)						
IFSC code						

3. I/ We, hereby submit that I/ We am/ are willing to receive the amount of insurance coverage from DICGC in terms of Section 18 A of the DICGC Act, 1961 against the aforesaid deposit/s due to me/ us from the bank up to 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. ₹5 lakh, and I/ We am/ 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.

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

5. For the purpose of receiving the amount, alternate bank account details, along with necessary KYC documents as per the DICGC Claim procedure is already submitted/will be submitted for verification of the DICGC.

	Claimant 1	Claimant 2	Claimant 3
Signature			
Name			

Date:

Place:

For Office Use

CERTIFICATION

I,, Chief Executive Officer of the bank, do hereby certify that I have verified the details of the depositor stated hereinabove, with those contained in the records available with the bank and confirm the same to be correct. I am fully aware that in case of any incorrect or false certification, I shall be liable for appropriate action, including penal action, in accordance with law.

Signature of CEO:

Name of CEO:

Place: