

To,
Mr. / Ms. / Mrs.

Tel./Mob. No. : _____
Date :

Affix latest passport
size photo of Solo/First
account holder

SUBMIT THIS FORM BEFORE
30TH JANUARY, 2021

To,
The Liquidator,
The CKP Co-op. Bank Ltd., (Under Liquidation)
3, Yashodhan, Dr.Ambedkar Chowk,
Station Road, Thane (W) - 400 602.

Dear Sir,

DICGC Claim No. : _____ Claim Amount Rs. _____

We give below details of our Deposit(s) with you

Bank Code :	Loan Amount :
T. D. Amount:	Net Amount :
S. B. Amount :	Paid Amount :
C. D. Amount:	Claim Amount :
Total amount:	

As desired by you we are enclosing herewith following documents/xerox copy for your verification and KYC purpose (Any one of Sr.No.1 or 2 mandatory and any one of the remaining Sr.No.3 to 9) :

1. Aadhar Card
2. Pan Card
3. Voters ID Card
4. Passport
5. Driving License
6. Ration Card
7. Office I-card
8. Latest Electricity/Gas Bill
9. Latest any other Govt. documents relating to your residence (Property tax bill, Society Maintenance Receipt etc.)

We are submitting herewith the proof of bank account and deposit held by us in The CKP Co-op. Bank Ltd., as below :

1. Bank Pass Book
2. Original Term Deposits
3. Bank Cheque Book
4. Board/Partnership firm resolution for Company, Co-op. Society, Trust, Club, Private & Public Limited Company alongwith authority letter for obtaining the Cheque of DICGC Claim amount.

You are requested to refund the same. We are giving herewith the receipt and necessary declaration as required.

Thanking you,

Yours faithfully,

1. _____ 2. _____ 3. _____ 4. _____

(For Office use only)

The above documents verified.
The claim amount is as per the bank record.
The Specimen signature checked & confirmed.
The papers are complete in all respect therefore
release the payment as per approved list by DICGC

Checked by

Verified by

Note : Please submit this application with relevant documents to the respective branch.

THE CKP CO-OP. BANK LTD., (UNDER LIQUIDATION)

**UNDERTAKING AND DECLARATION FROM JOINT ACCOUNT HOLDER
FOR DICGC CLAIM AMOUNT**

We the undersigned state and declare that we have the following joint accounts with The CKP Co-op. Bank Ltd., (Under Liquidation) _____ Branch. The details of Joint accounts are as below :

Types of A/c	A/c No.	Joint A/c Holders Name	Mode of Operation	Details of alternate claimant

We all account holders hereby mutually agreed, declare and undertake that the DICGC Claim amount of our above said Joint Account to be transferred in the name of _____ who is one of the Joint account holder, whose alternate account no. , Type of Account : _____, Bank Name : _____, Branch Name : _____, IFSC Code No.:- (for your verification we have enclosed herewith the cancelled cheque of alternate bank account / Passbook first page only).

We do not have any objection to transfer our claims of deposits received from DICGC to the alternate bank account of Mr./Mrs. _____. We do not claim any refund and we confirm and declare to keep the Liquidator indemnify for any losses arising out of the payment of deposit claim amount from our Joint Account to above said alternate account holder.

We further undertake that we keep the Liquidator indemnified to make good the amount of deposit in case it is detected in future that the said deposit amount paid excess and to return the said excess amount received by us.

Whatever stated hereinabove is true to my/our personal knowledge and we declare and verify the same to be true.

Signature of Account Holders :

Sr. No.	Name of Joint A/c Holder	Signature

For Office use only

Verified the details and Specimen Signature of all joint A/c holders. Rs. _____ Balance deposits in the above said joint account as on 30th Apr.2020.

Checked By : _____

Verified By : _____

Date : _____

DECLARATION

- DICGC Claim No.:

I Mr./Ms./Partners/Directors : Age : _____

of M/s.

Do solemnly affirm and declare as under :

1. That I/We are having following account(s) in my/our name(s) with The CKP Co-op. Bank Ltd., now under liquidation.
A/c. No.(s) :
2. That I/We confirm and declare that there are no loans or advances or any amounts due to the bank standing in my/our names, other than mentioned in DICGC approved list.
3. That I/We further confirm and declare that I/We have not stood guarantor or surety to any borrower of the bank, other than mentioned in DICGC list & I hereby give my consent to recover/adjust the loans/dues of such borrowers if any, which are not located in the above list.
4. That I am making application cum declaration before the liquidator of The CKP Co-op. Bank Ltd., (Under Liquidation) situated at 3, Yashodhan, Dr.Ambedkar Chowk, Station Road, Thane (West) - 400 602 to pay me the amount standing to the credit of my/our name/s as depositors.
5. I/We further confirm and declare to keep the liquidator indemnified for any losses arising out of the payment of the above amount and keep the liquidator indemnified to make good the amount in case it is detected in future that the said application is not correct and/or the declaration made is not true and to keep the liquidator indemnified and to return the said amount received by me/us.

Whatever stated hereinabove is true to my/our personal knowledge and I declare and verify the same to be true.

I/We, all account holders hereby mutually agreed, declare and undertake that the DICGC Claim amount of our above said Account to be transferred in the name of _____ who is one of the account holder, whose alternate account no. Type of Account : _____, Bank Name : _____
Branch Name : _____, IFSC Code No.: (for your verification we have enclosed herewith the cancelled cheque of alternate bank account).

Declared and affirmed at Mumbai this _____ day of _____ 2020/21.

Before me

Signature/Name/
Address

1. _____

2. _____

Deponent / Applicant

Any two witness,
not necessary
bank A/C holder