

GRAM: MANICOBANK
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**THE MANIPUR STATE COOPERATIVE BANK LTD.
ADMINISTRATIVE OFFICE: IMPHAL.**

NOTIFICATION

Dated, Imphal, the 7th May, 2024.

No. MSCB/76/2024-25/214 It is hereby notified for information of all concerned that outstanding credit amount of any account with the bank which has not been operated upon for a period of ten years or any deposit or any amount remaining unclaimed for more than ten years shall be transferred to the Depositor Education and Awareness (DEA) Fund of RBI, on or before the last working day of the month subsequent to the month of completing 10 years of its continuous inoperative or unclaimed status as mandated by Reserve Bank of India's Notification on **Depositor Education Awareness Fund (DEA Fund)**.

If the Customer (s)/Survivor (s)/Legal Heir (s)/Authorized Signatories, as the case may be, has identified any such deposits with the Manipur State Cooperative Bank Ltd., they are informed to visit the concerned Branch of the Bank with all necessary KYC documents & latest photograph to lodge claim for the unclaimed deposit/activate the account in the prescribed format available in the Branch.

The request letter, in case the account holder is deceased, shall be submitted by nominee/legal heir/successor as the case may be, along with the Death Certificate.

The last date for submission of the request letter for claim/activation of the Account which has not been operated upon for a period of ten years as on 30/04/2024 but have not been transferred to DEA Fund of RBI till date by the Bank shall be **20/05/2024**, failing which, the outstanding credit amount in the Account shall be transferred to Reserve Bank of India's DEA Fund without giving any further notification in this regard.

Bidyarani A. 7/5/24.

(Bidyarani Ayekpam, MCS)
Managing Director.

dated, Imphal, the 7th May, 2024.

Endt. No. MSCB/76/2024-25/214

Copy to:

1. The President/Vice-President, Board of Management, MSCB Ltd. – for information.
2. All Officers of Head Office, MSCB Ltd.
3. All Branch Managers, MSCB Ltd.- for information with an advise to display this Notification to the Notice Board of the Branch.
4. Order Book/Guard File-7.

Bidyarani A. 7/5/24.

(Bidyarani Ayekpam, MCS)
Managing Director.

Unclaimed Deposits /Inoperative Accounts: Claim/Activation Form

Date:
The Branch Manager,
The Manipur State Co-operative Bank Ltd.
_____ Branch

Dear Sir / Madam,

I/We the undersigned Mr./Mrs./Ms/_____ in
the capacity of

- Self
- Nominee
- Legal Heir
- Others (please specify)

request for claim/activation, for Deposits account(s) held with your Bank in the name(s) of
Mr./Mrs./Ms/Others_____

Name Account No. and Other details:
(with documentary proof)
Name of Claimant(s):
Communication Address with Pin code:

DOB	PAN No	Passport No.	Tel./Mob. No.
email id	Aadhar No.	Voter card no.	others

I/We understand that claim/activation will be settled post due diligence and authentication of documents and in subject to bank's process & policy. I/We undertake to submit the document as may be necessary for the Bank to process the claims/activation and agree to execute the required documents to settle the claim/activation.

Signature: _

Name:

.....
Customer Acknowledgment slip (to be filled in by Bank official)

Date:
Received a request from Mr./Mrs./Ms._____ for
claiming/activating Unclaimed Deposits/Inoperative Accounts.

The Manipur State Co-op. Bank Ltd.
_____ Branch

Signature of Bank Official with Bank seal