

Date : _____

To,

SBPP CO-OPERATIVE BANK LTD
Branch Manager,

_____ Branch

Subject :- REACTIVATION OF ACCOUNT TRANSFERRED TO DEAF

We/I would like to inform you that we/I maintain account/s with your _____ Branch and details as under :-

Account Name	
Account Number	
Amount Transferred to DEAF	
Date of Amount Transferred to DEAF	

We/I couldn't operate the above mentioned account/s due to reason _____

We/I understand that as per guidelines issued by the RBI, Bank has transferred the amount held in the aforementioned account/s to the DEAF fund of RBI.

We/I are/am herewith submitting the attached documents to the Branch to credit our/my account/s with Rs. _____ and to reactivate my above account/s.

List of KYC Documents of all account holders

- Photo identification Proof
- Address Proof

Thanking you.

✕

Yours faithfully,

Customer Name & Signature (with stamp in CA/ECOD)
(signature of all account holders)

(Branch to verify the documents submitted by the customer with the originals, Branch to verify the signature of the customer with the signature on system)

Branch stamp & officer sign.

Note: File separately and Xerox copy of this letter to be sent to HO for RBI DEAF claim.