

**Claiming Deposit Insurance Claims from DICGC-The City Co-operative Bank Ltd., Mumbai,
under liquidation
(Refer to Regulation 17 (1))**

1. I _____ (Name of claimant), am holding deposit with The City Co-operative Bank Ltd., Mumbai in respect of which license is cancelled by Reserve Bank of India.
2. Details of all deposits held with the bank are as under :

Sr. No.	Account No.	Branch	Amount
	Total Deposits		

3. I, hereby submit that I am willing to receive the amount of insurance coverage from DICGC against the aforesaid deposit/s due to me from the bank up to the eligible coverage amount. I fully understand that DICGC is liable to pay every eligible depositor in '*same capacity and in the same right*', the eligible amount, subject to the limit of the insurance cover i.e. Rs.5 lakh and I am aware that on payment of the amount for insurance coverage, DICGC does not have any liability to pay me/us 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 authorize the Liquidator of the bank to submit the requisite claim. No further claim beyond the coverage amount, which is presently Rs.5 lakh, will be made to DICGC through the bank from any of my 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 are enclosed for verification of the DICGC.

Signature of the Claimant : 1) _____ 2) _____ Checked/Verified and found correct

Name of Claimant : 1) _____ 2) _____ Signature of Manager/Officer

Place & Date : _____ _____ Branch

CERTIFICATION

We have verified the details of the depositor stated hereinabove, with those contained in the records available with the bank and checked by the Manager/Officer of the above Branch and confirm the same to be correct. We are fully aware that in case of any incorrect or false certification, we shall be liable for appropriate action, including penal action, in accordance with law.

Signature of
Mrs.S.S.Rokade
Manager, HO

Signature of
Mr/Mrs. _____
Manager, HO

Signature of
Mr/Mrs. _____
Manager, HO

Signature of
Mr/Mrs. _____
Manager, HO.

Signature of
Mrs.M.R.Ahirwar
Officer, HO

Signature of
Mr.A.A.Rebello
Gen.Manager(C.E.O)