**CLAIM REQUEST FORM**

DatE:

To

Ministry of Corporate Affairs

Office of Registrar of Companies
Everest Building, 100,
Marine Drive, Mumbai – 400002

**Subject**: claim request

Madam/Sir,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) am holding an account with Aditya Birla Idea Payments Bank Ltd. Bearing number ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mapped against my mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Kindly transfer the outstanding balance to my below mentioned bank account -

ACCOUNT NUMBER –

BANK NAME -

BRANCH NAME –

CITY –

IFSC -

I have attached a cancelled cheque for validation of my claim.

Thanking you,

Yours Sincerely,

SIGNATURE

NAME -

ADDRESS -

CONTACT DETAILS -