DEAF APPLICATION FORM

From: ....

....

....

....

Date: ....

To,
The Manager
The V.V.C.C. Bank Ltd
Vallabh Vidyanagar

Sub: DEAF Refund Claim Account SB / CR: ....

Dear Sir,

Kindly consider, this request to refund Bank the Amount, Which has being transfered to DEAF Scheme 2014 from our **Account SB / CR:** .... being closed as DEAF due to no operation.

DETAILS MENTIONED BELOW

Account Name : ....

Account Type : ....

Account No   : ....

Transfer To   : ....

Thanking you,

Enc:

Latest KYC Documents Submitted

Name: ....

Sign: ....

FOR BANKS USE

DEAF Amount ....

DEAF @ 4% Int.....................

     Total ....

Int Day's ....

Account DEAF Date ....

Fund Transfer to DEAF Date ....