

**INFORMATION RELATING TO INTERIM PAYMENTS TO DEPOSITORS UNDER THE
DICGC ACT, 1961
(PARA 5 OF CLAIM / WILLINGNES FORM)**

I/We _____ (Name(s),
account holder(s) of AJANTHA URBAN CO-OP. BANK LTD., AURANGABAD which is
under direction / prohibition/order / scheme of the Reserve Bank of India restricting me/us
from accessing my/our deposited amount in A/c no. _____

(Account number(s) in the above mentioned bank, having provided willingness in the
prescribed form, here by give my/our consent that the amount of interim payment due to
me/us may be credited to (Please select one option) :

1. A/c No. _____ held by me/ us in _____
_____ (Name of Bank) IFSC : _____

2. New A/c which may be opened for me /us in a bank authorized by Reserve Bank of
India for receiving interim payment. The required KYC documents will be provided by
me/u as given below.

OR

3. My / Our Aadhar linked bank account

A copy of my/our Aadhar Card No. _____ or
other proof of indentity (Specify) _____ No. _____ and proof of
Address (Specify) _____ No. _____ is attached.

(Signature of A/c Holder)

Contact Mobile No. _____

Date :

Place : Aurangabad

Willingness for claiming Deposit Insurances Claims from DICGC - Ajanta Urban Co-Op. Bank Ltd., Aurangabad.

1. I _____ am holding deposit with AJANTHA URBAN CO-OP. BANK LTD., AURANGABAD in respect of which directions have been issued has been made providing for restrictions on depositors from accessing their deposits.
2. Details of all deposits held with the bank are as under :

Sr. No.	Account No.	Branch	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

3. I hereby submit that, I am willing to receive the amount of insurance coverage from DICGC in terms of Section 18 A of the DICGC Act, 1961, against the aforesaid depsoit/s due to me from the bank up to the eligible coverage amount. I fully understand that DICGC is liable to pay every depositor's 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 of insurace coverage, DICGC does not have any liability to pay 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 behalf in terms of the claim settlement advice, for which I authorise the CEO/Manager 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 is already submitted /will be submitted for verification of the DICGC.

Signature of claimant _____

Name of claimant _____

Place : Aurangabad

Date : _____

CERTIFICATION

I, Dr. Pradeep Eknath Kulkarni, Chief Executive Officer of AJANTA URBAN CO-OP. BANK LTD., AURANGABAD do hereby certify that I have verified the details of the despositors stated hereinabove, with those contained in the records available with the bank and confirm the same to be correct. I am fully aware that in case of any incorrect or false certification, I shall be liable for appropriate action, including penal action, in accordance with law.

Signature of CEO :

Name of CEO : Dr. Pradeep Eknath Kulkarni

Place : Aurangabad.

Date :