

INFORMATION RELATING TO INTERIM PAYMENTS TO DEPOSITORS UNDER THE  
DICGC ACT, 1961

(PARA 5 OF CLAIM / WILLINGNESS FORM)

I/ We, \_\_\_\_\_ (Name[s]), account holder(s) of \_\_\_\_\_ (Name of  
Cooperative Bank) 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 abovementioned bank, having provided willingness in the prescribed form, hereby  
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)

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/ us as given below.

OR

3. My/ Our Aadhar linked bank account

A copy of my/ our Aadhaar card No. \_\_\_\_\_ or other Proof of Identity (specify)  
\_\_\_\_\_ No. \_\_\_\_\_ and Proof of Address (specify) \_\_\_\_\_ No. \_\_\_\_\_ is  
attached.

(Signature of A/c holder)

Contact Mobile No.: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_