

Information / Certificate for payment of deposit insurance Claims through RTGS (as required by DICGC)

Sr. No.	Item	Particulars
1.	Name of the liquidated bank	
2.	Address, Phone and Fax No. of the liquidated bank	
3.	Name, designation, address and contact No./Mobile Phone No. of the liquidator/s	
4.	Date of assumption of charge as liquidator/s of the bank (copy of order from RCS to be enclosed)	
5.	Name, address, Phone No. and Fax No. of the commercial bank with whom account of the liquidated bank is maintained.	
6.	Whether new account has been opened by the liquidator or old account of the bank (i.e. and account when the bank in question was functional) has been permitted to continue with a mandate to operate the account only by the Liquidator?	
7.	Date of opening of account	
8.	Type of account and account No.	
9.	If the operations of the above account (i.e. either new or old) is not restricted to the liquidator of the bank under liquidation, please give details of the persons / officials other than Liquidator authorized to operate this account.	
10	Whether the account is operative and remittance through RTGS will be accepted. Yes/No	
11	IFSC code of the bank at Sr.No.5 above	
12	Copy of account opening form along with statement of account for the last six months duly authenticated by the Branch Manager of the bank at Sr.No.5 above)	

1. Certified that the particulars at Sr. No. 1 to 11 have been verified and are in order.

2. We undertake to inform immediately to the corporation in case account in question is frozen or the operations of this account have been (partially or fully) restricted by any of the authorities.

Signature:

Full Name of the Liquidator:

Seal of the Liquidator:

Date: