

THE CHEMBUR NAGARIK SAHAKARI BANK LTD.

101-103, Rudresh, 19th Road, Nr. Dr. Babasaheb Ambedkar Garden,

Chembur, Mumbai - 400071

INDEMNITY FORM

I the undersigned Mr. _____ am aware that, as per the Reserve bank of India circular DBOD No. EAF cell.BC.101/30.01.002/2013-14, dated 21/03/2014 and the Depositor Education and Awareness Fund Scheme, the ChemburNagarikSahakari Bank Ltd. is mandated to remit the fund lying in depositors' account whose accounts have been inoperative and / or the amounts therein have not been claimed since past ten or more years; to Reserve Bank of India towards the credit of DEAF and the ChemburNagarikSahakari Bank Ltd. has been instructed to pay the depositor who approach the Bank thereafter; and applied for reimbursement of the amount so paid to the concerned depositor from Reserve bank of India; and that, the ChemburNagarikSahakari Bank Ltd. will be refunded the said amounts paid to the Claimants under this scheme.

I state that, my _____ account No. _____ is inoperative since last 10 or more years; due to which I had applied under the said scheme and have received the amount of Rs. _____, (Rs. _____ only in words), against my claim for refund.

I hereby state and assure that, I will indemnify the ChemburNagarikSahakari Bank Ltd. for any deficit amount not refunded to the ChemburNagarikSahakari Bank Ltd., against the above amount which was refunded to me by the ChemburNagarikSahakari Bank Ltd.

Signature of the Applicant / Claimant