

INDIAN OVERSEAS BANK STAFF CO-OPERATIVE CREDIT SOCIETY LTD.,
(Regd.No.MSCSCR 41/87)
No.763, Anna Salai, Chennai - 600 002.

Please furnish the details in the format given below for the purpose of issuing

DIVIDEND ON SHARE CAPITAL CLAIM FORM FOR THE YEAR _____

SETTLEMENT VOUCHER NO. _____, DATED _____

Name of the Member	
Bank Roll No.	
Society Membership No.	
Last Working Branch / Dept	
Closure of Membership Account	RETIRED / VRS / REQUEST / OTHERS (Tick whichever is applicable)
IOB Bank 15 Digit SB Account No.	
Name of the Branch with Code	
E-Mail ID	
Address for Correspondence	
Contact Mobile / Phone Number With STD Code	

I furnish the above details are true and best of my knowledge

SIGNATURE OF THE MEMBER