Claim Willingness Portal – User Guide for Depositors

The portal is accessible from DICGC website (<u>https://dicgc.org.in/</u>).

Note: - The purpose of this user guide is to facilitate the depositor in understanding the fields of the Claim Willingness Form. The depositor details shown here are only for representation purpose. The depositors are requested to furnish their correct information only.

Depositor may access willingness form by clicking on <u>Home->Depositors->Claim Summary-</u> >Claim Willingness Form

		About Us Information Corner	- English -
CREDIT GUARANTEE CORPORATION Wholly owned subsidiary of Reserve Bank of India	M Depositors ^ 🧕 Liquidato	rs 🗸 🟦 Banks 🗸 🖺 Public	Awareness
me > Depositors > Claim Summary > Claim Willingness Form	A Guide to Deposit Insurance Claim	ns Settled	
	List of Banks > Claim	n Status Tracker	
Claim Wil	Claim Summary > Claim	n Willingness Submission	
Basic details Other details			
Claim Willingness Form	Name	e of the Depositor	
This portal has been developed for facilitating the depositor/s for submitti	ng their Claim	ar Depositor Name	
Willingness Form to the Banks under AID. The final payment shall be made verification of the KYC documents by the Bank under AID as per claim settl	only after due ement Mobil	ie Number	G
procedure.	Ente	ər Mobile Number	Q
User Guide for Depositors			Chat with DIA

(Claim Willingness Form)

Claim Willingness Fo	
he depositor/s for submitting their Claim al payment shall be made only after due Inder AID as per claim settlement	Name of the Depositor Enter Depositor Name Mobile Number Enter Mobile Number Get OTP

Enter your **Name** and **Mobile Number** and click on Get OTP. A Six-digit OTP will be sent to your mobile number from "DICGCI"

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908 ott	707
Original Message OTP for submission of Cla on DICGC website is 908 180 seconds. Please do n anyone	aim Willingness Form 707.The OTP is valid for ot share the OTP with

The OTP message will appear like this. Look for DICGC's SMS handle "DICGCI".

Claim Willingness I	Form	
	Name of the Depositor	
epositor/s for submitting their Claim	Test	L
ayment shall be made only after due er AID as per claim settlement	Mobile Number	Ļ
		ondha
	One Time Password (OTP)	Υ Ε
	① The OTP has been sent to the mobile number.	L
	Resend OTP Submit OTP	
		X)

Enter the OTP and Click on Submit OTP. **Note**: - Correct OTP must be entered to proceed further.

In case the OTP is not received, a '**Resend OTP**' button will be displayed. The depositor can request for resending the OTP.

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Ajantha Urban Coop. Bank Ltd.,Aurangabad,Maharashtra	
Amanath Co-Operative Bank Ltd,Bengaluru,Karnataka	nationationationet a state of the state of t
Colour Merchant S Co-Operative Bank Ltd.,Ahmedabad,Gujarat	🖔 Depositors 🗸 🐰 Liquidators 🗸 🧃 Banks 🗸 🔛 Public Awareness
-cbl Co-Operative Bank Limited,Lucknow,Uttar Pradesh	
mperial Urban Co-Op. Bank Ltd.,Jalandhar,Punjab	
ndian Mercantile Co-Operative Bank Ltd.,Lucknow,Uttar Pradesh	
Karwar Urban Co-Operative Bank Ltd.,North Kanara District,Karnataka	
National Mercantile Co-Op. Bank Ltd. (Lucknow),Lucknow,Uttar Pradesh	
National Urban Co-Op. Bank Ltd., Pratap Garh,Pratapgarh,Uttar Pradesh	
New India Co-Operative Bank Ltd.,,Mumbai,Maharashtra	Igness form
Padmashree Dr. Vithal Rao Vikhe Patil,Nashik,Maharashtra	
Pune Sahakari Bank Ltd.,Pune,Maharashtra	
Ramgarhia Co-Operative Bank Ltd.,Delhi ,Delhi	
Ramgarhia Co-Operative Bank Ltd.,Delhi ,Delhi Sarvodaya Co-Op Bank Ltd.,Mumbai,Maharashtra	
kamgarhia Co-Operative Bank Ltd.,Delhi, Delhi Sarvadaya Co-Op Bank Ltd.,Mumbai,Maharashtra Sawantwadi Urban Co-Operative Bank Ltd.,Sawantwadi,Maharashtra	
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kamgarhia Co-Operative Bank Ltd.,Delhi, Delhi Sarvadaya Co-Op Bank Ltd.,Mumbal,Maharashtra Sawantwadi Urban Co-Operative Bank Ltd.,Sawantwadi,Maharashtra Shirpur Merchants Co-Operative Bank Ltd.,Dhulia,Maharashtra Shirpe Mahalaxmi Urban Co-Op Credit Bank,Gokak,Karnataka	Mobil Number
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kamgarhia Co-Operative Bank Ltd.,Delhi, Delhi Sarvodaya Co-Op Bank Ltd.,Mumbai,Maharashtra Sawantwadi Urban Co-Operative Bank Ltd.,Sawantwadi,Maharashtra Shirpur Merchants Co-Operative Bank Ltd.,Dhulia,Maharashtra Shree Mahalaxmi Urban Co-Op Credit Bank,Goka,Karnataka Sikar Urban Co-Op. Bank Ltd.,Sikar,Rajasthan Sal Gururaahvendra, Sabakara Bank Nivamitha Benaaluru Karnataka	Mobili Number
kamgarhia Co-Operative Bank Ltd., Delhi, Delhi Sarvadaya Co-Op Bank Ltd., Mumbai, Maharashtra Sawantwadi Urban Co-Operative Bank Ltd., Sawantwadi, Maharashtra Shirpur Merchants Co-Operative Bank Ltd., Dhulia, Maharashtra Shree Mahalaxmi Urban Co-Op Credit Bank, Gokak, Karnataka Sikar Urban Co-Op. Bank Ltd., Sikar, Rajasthan Si Gururaahvendra Sahakara Bank Nivamitha Benaaluru Karnataka None -	Mobil Number Account no in Content on more account number registered with bank.
kamgarhia Co-Operative Bank Ltd.,Delhi, Delhi Sarvodaya Co-Op Bank Ltd.,Mumbai,Maharashtra Sawantwadi Urban Co-Operative Bank Ltd.,Sawantwadi,Maharashtra Shirpur Merchants Co-Operative Bank Ltd.,Dhulio,Maharashtra Shree Mahalaxmi Urban Co-Op Credit Bank,Gokak,Karnataka Sikar Urban Co-Op. Bank Ltd.,Sikar,Rajasthan Sid Gururahvendra Sahakara Bank Nivamitha Benaaluru Karnataka None -	Mobil Number Account no in Enter one or more account number registered with bank. Pincode
kamgarhia Co-Operative Bank Ltd_,Delhi, Delhi Sarvodaya Co-Op Bank Ltd_,Mumbai,Maharashtra Sarvantwadi Urban Co-Operative Bank Ltd_,Sarvantwadi,Maharashtra Shirpur Merchants Co-Operative Bank Ltd_,Dhulia,Maharashtra Shiree Mahalaxmi Urban Co-Op Credit Bank,Goka,Karnataka Sikar Urban Co-Op. Bank Ltd_,Sikar,Rajasthan Sid Gururaahvendra Sahakara Bank Nivamitha Benaaluru.Karnataka None -	Mobil Number Account no in Enter one or more account number registered with bank. Pincode Enter Pin Code

After entering the OTP and clicking on Submit. Select the name of the Bank from drop-down menu.

lame of the Depositor		Mobile Number		
Test				
ielect Bank		Account no in		
- None -	~	Enter one or more acco	unt number registered with bank.	
Jepositor Address		L	Pincode	
Enter Depositor Address			Enter Pin Code	
(We hereby give my/our consent that the account of interim pay (Please Select an option) Option 1 (Bank Name to which interim deposit insurance amou	ment due to me/us may be credited to unt is to be credited)			
Bank Name	Account No		IFSC/MICR	
Enter Bank Name	Enter beneficiary account numb	per (max 18 digits)	Enter IFSC/MICR	
Option 2				

Enter the account number in the Bank selected from drop-down menu.

Name of the Depositor			Mobile Number		
Test					
Select Bank			Account no in		
- None -		~	1234567890,12345678	390	
Depositor Address				Pincode	
Enter Depositor Address				Enter Pin Code	
I/We hereby give my/our consent that the accoun (Please Select an option) Option 1 (Bank Name to which interim deposit	t of interim payment due to me/us may be cr nsurance amount is to be credited)	edited to			
Bank Name	Account No			IFSC/MICR	
Enter Bank Name	Enter beneficiary accou	unt numb	er (max 18 digits)	Enter IFSC/MICR	
Option 2					

In case of more than one account in the Bank, please put comma (,) in between account numbers. **Example**: -1234567890,1234567890

Name of the Depositor		Mobile Number		
Test				
Select Bank		Account no in		
Pune Sahakari Bank Ltd.,Pune,Maharashtra	×	1234567890,12345678	90	
Depositor Address			Pincode	
House No 1234, M G Road, Mumbai			400001	
I/We hereby give my/our consent that the ac (Please Select an option)	count of interim payment due to me/us may be credited to posit insurance amount is to be credited)			
Bank Name	Account No		IFSC/MICR	
Enter Bank Name	Enter beneficiary account number	er (max 18 digits)	Enter IFSC/MICR	

Please enter your address and Pin code. The Pin code is mandatory and must be provided by the depositor. If the Pin code is not entered, you will not be able to submit the Claim Willingness Form.

 Option r (bunk notifie to which intenim) 	deposit insurance amount is to be credited)	
Bank Name	Account No	IFSC/MICR
ABC Bank	123456789012121212	HDFC0000345
New A/c which may be opened for me/ us in 1 Option 3 No/Con A atthack linked Back Account eluce in	DICGC designated Agency bank for receiving the interim payment. The required KVC do	cuments will be provided by me/ us to the bonk.
.,,		
Confirmation/Declaration		
Confirmation/Declaration O You must agree to the declaration. I/We, being the account holder(s) of havia verification of the claim. The details provide	ing provided willingness in the prescribed form, hereby give my/our consent for led by me/us are correct and are to be used for communicating and disbursal	receiving the interim deposit insurance amount. I understand that the payment shall be made on If payment. The KYC document, if needed, will be submitted to the bank directly by me/us.

Please select/tick ONE option among the 3 options for receiving the interim payment.

Option 1 - Enter Bank Name, Bank Account Number and IFSC/MICR

Option 1 (Bank Name to which interim	deposit insurance amount is to be credited)	
Bank Name	Account No	IFSC/MICR
Enter Bank Name	Enter beneficiary account number (max 18 digits)	Enter IFSC/MICR
Option 2		
New A/c which may be opened for me/ us in	DICGC designated Agency bank for receiving the interim payment. The required KYC documents will be pro	ided by me/ us to the bank.
Option 3		
to /Con Andhana linked Bank Association	a the bank under AID and he used for reactivity the insurance claim area of (AFRP)	
My/Our Aadhaar Linked Bank Account given	n the bank under AID can be used for receiving the insurance claim amount(AEPS).	
My/Our Aadhaar Linked Bank Account given	n the bank under AID can be used for receiving the insurance claim amount(AEPS).	
My/Our Aadhaar Linked Bonk Account given	n the bank under AID can be used for receiving the insurance claim amount(AEPS).	
My/Our Aadhaar Linked Bank Account given Confirmation/Declaration O You must agree to the declaration.	n the bank under AID can be used for receiving the insurance claim amount (AEPS).	
My/Our Aadhaar Linked Bank Account given Confirmation/Declaration () You must agree to the declaration. () I/We, being the account holder(s) of hav verification of the claim. The details provide	n the bank under AID can be used for receiving the insurance claim amount(AEPS). ng provided willingness in the prescribed form, hereby give my/our consent for receiving the inte ed by me/us are correct and are to be used for communicating and disbursol of payment. The K1	im deposit insurance amount. I understand that the payment shall be made on d IC document, if needed, will be submitted to the bank directly by me/us.
My/Gur Aadhaar Linked Bank Account given Confirmation/Declaration Orau must agree to the declaration I/We, being the account holder(s) of hav verification of the claim. The details provid I fully understand that -	n the bank under AID can be used for receiving the insurance claim amount(AEPS). ng provided willingness in the prescribed form, hereby give my/our consent for receiving the inte ed by me/us are correct and are to be used for communicating and disbursal of payment. The K	im deposit insurance amount. I understand that the payment shall be made on d C document, if needed, will be submitted to the bank directly by me/us.
My/Cur Aadhaar Linked Bank Account given Confirmation/Declaration O You must agree to the declaration. I/We, being the account holder(s) of hav verification of the claim. The details provid I fully understand that - I fully understand that - I fully condensated that -	n the bank under AID can be used for receiving the insurance claim amount(AEPS). ng provided willingness in the prescribed form, hereby give my/our consent for receiving the inte ed by me/us are correct and are to be used for communicating and disbursal of payment. The Ki in 'some capacity and in the same right', on due verification, the eligible amount, subject to the lim harge of its liability as interim payment will not pay any further or additional amount in respect of 1	im deposit insurance amount. I understand that the payment shall be made on d IC document, if needed, will be submitted to the bank directly by me/us. It of the insurance cover i.e. Rs, 5 lokh, and i am aware that on payment of the amo he said deposits.

Please select the option for receiving the interim payment.

<u>Option 2</u> - New A/c which may be opened for me/us in DICGC designated Agency bank for receiving the interim payment. The required KYC documents will be provided by me/us to the bank.

Option 1 (Bank Name to which interim	deposit insurance amount is to be credited)	
Bank Name	Account No	IFSC/MICR
Enter Bank Name	Enter beneficiary account number (max 18 digits)	Enter IFSC/MICR
Option 2		
New A/c which may be opened for me/ us in	DICGC designated Agency bank for receiving the interim payment. The required KYC documents will be provi	ded by me/ us to the bank.
Option 2		
 Option 3 My/Our Aadhaar Linked Bank Account given i 	n the bank under AID can be used for receiving the insurance claim amount(AEP\$).	
Option 3 My/Our Aadhaar Linked Bank Account given in the second secon	n the bank under AID can be used for receiving the insurance claim amount(AIPS).	
Option 3 My/Our Aadhaar Linked Bank Account given i Confirmation/Declaration	n the bank under AID can be used for receiving the insurance claim amount(AIPS).	
Option 3 My/Our Aadhaar Linked Bank Account given i Confirmation/Declaration O You must agree to the declaration.	n the bank under AID can be used for receiving the insurance claim amount(AEPS).	
Option 3 My/Our Aadhoar Linked Bank Account given i Confirmation/Declaration You must agree to the declaration I/We, being the account holder(s) of hard weiffentine of the declaration thereine music	n the bank under AID can be used for receiving the insurance claim amount(AEPS).	m deposit insurance amount. I understand that the payment shall be made on d
Option 3 My/Our Aachoor Linked Bank Account given i Confirmation/Declaration You must agree to the declaration. I/We, being the account holder(s) of hav verification of the claim. The details provid	n the bank under AID can be used for receiving the insurance claim amount(AEPS). ng provided willingness in the prescribed form, hereby give my/our consent for receiving the interf ed by me/us are correct and are to be used for communicating and disbursal of payment. The KYI	m deposit insurance amount. I understand that the payment shall be made on d ; document, if needed, will be submitted to the bank directly by me/us.
Option 3 My/Our Aadhoor Linked Bank Account given i Confirmation/Declaration You must agree to the declaration. J/We, being the account holder(s) of havi verification of the claim. The details provid I fully understand that -	n the bank under AID can be used for receiving the insurance claim amount(AIFS). ng provided willingness in the prescribed form, hereby give my/our consent for receiving the interi ed by me/us are correct and are to be used for communicating and disbursal of payment. The KY	m deposit insurance amount. I understand that the payment shall be made on d document, if needed, will be submitted to the bank directly by me/us.
Option 3 My/Our Aadhoor Linked Bank Account given i Confirmation/Declaration /was a gree to the declaration. //Was, being the account holder(s) of havi verification of the claim. The details provid Ifully understand that - OCGC is liable to pay every claimant: of insurance coverage, DICGC on disc	n the bank under AID can be used for receiving the insurance claim amount(AEPS). Ing provided willingness in the prescribed form, hereby give my/our consent for receiving the inter ed by me/us are correct and are to be used for communicating and disbursal of payment. The KY in 'same capacity and in the same right', on due verification, the eligible amount, subject to the limit arge of its liability as interim payment will not pay any further or additional amount in respect of th	m deposit insurance amount. I understand that the payment shall be made on d document, if needed, will be submitted to the bank directly by me/us. of the insurance cover i.e. Rs. 5 lakh, and I am aware that on payment of the amo

Please select the option for receiving the interim payment.

Option 3 - My/Our Aadhaar linked bank account given in the bank under AID can be used for receiving the insurance claim amount (AEPS).

new arc which may be opened to mey dain be	SSC designated Agency bank for receiving the interim payment.	The required KYC documents will be provided	i by me/ us to the bank.	
 Option 3 My/Our Aadhaar Linked Bank Account given in the 	ne bank under AID can be used for receiving the insurance claim	amount(AEPS).		
Confirmation/Declaration				
/We, being the account holder(s) of having perification of the claim. The details provided	provided willingness in the prescribed form, hereby give n by me/us are correct and are to be used for communicati	ny/our consent for receiving the interim on and disbursal of payment. The KYC d	deposit insurance amount. I understan ocument, if needed, will be submitted I	id that the payment shall be made on d to the bank directly by me/us,
I fully understand that -				
 DICGC is liable to pay every claimant in a of insurance coverage, DICGC on dischard 	same capacity and in the same right', on due verification, the rge of its liability as interim payment will not pay any furthe	ne eligible amount, subject to the limit of r or additional amount in respect of the s	the insurance cover i.e. Rs. 5 lakh, and l raid deposits.	am aware that on payment of the amo
 All the claims due and payable will be cla coverage amount which is presently Rs. 	aimed by the bank on my behalf in terms of the claim settle 5 lakhs will be made to DICGC through the bank from any o	ment advice, for which I authorise the CI f my account/s.	O/Manager of the bank to submit the r	requisite claim. No further claim beyond
				Submit To Preview

Confirmation/ Declaration: Click on the check box for agreeing to the declaration given on the portal.

	Abo	t Us Information Corner 🥪 English 🗸
DEPOSIT INSURANCE AND CREDIT GUARANTEE CORPORAT Wholly comed subsidiary of Reserve Bank of Home > Depositors > Claim Summary > Claim Will	CLAIM WILLINGNESS FORM I/We, Test, account holder(s) of Pune Sahakari Bank Ltd.,Pune,Maharashtra which is under direction/ prohibition/ order/ scheme of the Reserve Bank of India restricting me/ us from accessing my/ our deposit amount in A/C No. 1234567880,1234567880 in the above mentioned 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:	iks -> 🖹 Public Awareness
	Bank Name: ABC Bank, A/C No:12345678901212121, IFSC/MICR No:HDFC0000345	
	I fully understand that -	A CONTRACTOR
1) Basic details 2	a) DICGC is liable to pay every claimant in 'same capacity and in the same right', on due verification, 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 insurance coverage, DICGC on discharge of its liablity as interim payment will not pay any further or additional amount in respect of the said deposits.	
	b) 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 lakhs will be made to DICGC through the bank from any of my account/s.	
	The required KYC documents, if needed, will be provided by me/ us to the Pune Sahakari Bank Ltd., Pune, Maharashtra	
DIC निक्षेप बीमा औ GC PPOSIT INSU (भारतीय रिजर्व प्रेंक क	Date: 26 - 06 -2025 Mobile Number: 7 Depositor Address: House No 1234, M & Road, Mumbai Pincode: 400001	iclal media) O D
	Previous Print Submit	

<u>Submit to Preview</u> – After clicking on Submit, a preview of the Claim Willingness Form will be displayed.

The details entered on the previous page will be automatically captured in the preview form generated.

The Claim Willingness Form can be printed from here.

	Abo	ut Us		English	~
CEPOSIT INSURANCE AND CREDIT GUARANTEE CORPORAT While yound subsidiary of Reserve Bank of Home 3 Depositions 3 Citalin Summary 3 Citalin Will	CLAIM WILLINGNESS FORM I/We, Test, account holder(s) of Pune Sahakari Bank Ltd.,Pune,Maharashtra which is under direction/ prohibition/ order/ scheme of the Reserve Bank of India restricting me/ us from accessing my/ our deposit amount in A/C No. 1234567850,1234567850 in the above mentioned 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: Pank home: ABR Bank A/C hoi:1324567850121212 JESC/MICE Not Home F0000345	nks	Public Awa	areness	
1 Basic details 2	I fully understand that - a) DICGC is liable subject to the lim ubject to the lim I give consent to DICGC to store my personal information provided in the form for the purpose of claim processing. b) All the claims which I authorise amount which is Dresenuy as, a ways will be induce to back the purpose of the purpose of the coverage amount which is Dresenuy as, a ways will be induce to back the purpose of th				Feedback
िहिंदीय बीमा औ DEPOSIT INSL partitie front के क	The required KYC documents, if needed, will be provided by me/ us to the Pune Schakari Bank Ltd.,Pune,Maharashtra Date: 26 - 06 - 2025 Mobile Number: Depositor Address: House No 1234, M G Road, Mumbai Pincode: 400001 Previous Print Submit	icial	media O D		

After clicking the '**Submit'** button, a pop-up window will appear with '**Yes'** and '**No'** options. If the user selects '**Yes'**, the Claim Willingness Form will be submitted to the concerned bank. If the user selects '**No**', they will be redirected back to the '**Submit to Preview**' window.



After clicking on '**Yes'**, the Claim Willingness Form will be submitted to the concerned bank.