

ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O.: Hyderabad

(Multi - State Scheduled Bank)

Head Office: 8-2-680 / 1 & 2, Road No. 12, Banjara Hills, Hyderabad - 500 034 (Telangana State)

CLAIM FORM

1.	Name of the deceased in Full & Age	:
2.	Date of Death & Place of Death	:
3.	Permanent residential address of the deceased	:

4. Religion & Caste :

5. Details of Assets & Liabilities of the Deceased

ASSETS						LIABILITIES				
SI. No.	TYPE OF DEPOSIT, SHARES & SECURITY	AMOUNT ₹	DATE OF MATURITY	BRANCH	SI. No.	TYPE OF LIABILITY	AMOUNT ₹	BRANCH		
1.					1.					
2.					2.					
3.					3.					
4.					4.					

	3.					3.				
	4.					4.				
6	6. Are the amounts claimed self-acquired or ancestral property of the deceased?									
7	7.	. Name of the Parents of the deceased : If living, their ages :								
8	3.	Name of the Widow/Widower of the deceased If living, her / his age								
Ç	9.	Names & ages of the living children of the : deceased								
	1.			2.				3.		
t	1			5				6		

4.		5.		6.	
L—. 10.	Names & ages of the living gra	and children of the			
	deceased (Children of the only	predeceased son	:		

- or daughter)

 11. Names & ages of the living brother/s of the deceased:
- 12. Names & ages of the living sister/s of the deceased :
- 13. Whether deceased has left behind a "Will" (If yes, certified copy of the "Will" must be enclosed)
- 14. Whether "Will" has been Probated / Letter of Administration obtained or application made for the same?
- 15. Whether Succession Certificate has been obtained or the same has been applied for ?
- Which law is applicable to the deceased?
 (Mithakshara, Dayabhaga, Aliyasanthana, Marumakkattayam, Sunni, Shia Succession Act)

	relations to the dece						
SI.No	o. Name		Age	Relation		Address	
18.	Proof of title of the C	laimant/s		:			
	If Minors are there a the natural guardian has been appointed	s, whether a	a statuto	ry guardian			
	Names of the suretie occupation and addi		d, their w	orth, :			
21.	If deceased is the m	ember of th	ie bank,	Membership No	.:		
	I / We declare that the	ne informati	on furnis	shed above is tru	ue and corre	ect.	
	1)	2)		3)		4)	
		🛍 si	GNATUF	RE OF THE CLA	IMANT/S		
Plac Date							
Cert	ified that the informa	tion furnish	ed above	e is true and cor	rect.		
				(An			
				الس <i>يمو</i> SI)	GNATURE	& DESIGNATION WI	TH DATE)
(Info	ormation must be cer	tified by a G	Sazetted	Officer/Notary o	r a respons	sible person known to	the Bank /
repu	ited customer of the	Bank, Acco	unt Num	ber		Branch	
Encl	: (1) Share Certificate/	Deposit Rec	eipt (2)	Death Certificate	(3) KYC, 2 F	Photos, Aadhaar & PAN	Card Copy
HE	AD OFFICE / BF	SANCH I	ΛΔΝΔ	GER'S REPO	ORT		
	Do you know the Clai			<u> </u>	<u> </u>	Yes / No	
	Are you personally sa	•	•	nimants title?		Yes / No	
3. [Do you agree / accep	ot the facts :	stated ab	oove?		Yes / No	
	YC, Signature of Cl				sed.	Yes / No	
5. F	Recommendations w	ith regard to	o disposa	al of the claim?		Yes / No	
						Head Office / Branch	n Manager
						Branch :	, o
Lear	al Opinion :						
Legi	аг Оршион .						
					1	[€] □Signature	
Appi	roved :						

Encl : FO 23 & FO 24

Dy. General Manager Jt. General Manager

General Manager

Affidavit of third parties in claims by heirs of deceased persons

To. The General Manager Andhra Pradesh Mahesh Co-operative Urban Bank Ltd. Head Office: 8-2-680 / 1 & 2, Road No. 12, Banjara Hills, Hyderabad - 500 034. Sworn affidavit of Mr/Mrs. _____ resident of Re: Claims - Claim No. Late Mr / Mrs. Claim for ____________________ I ______ son of _____ aged ______years, Religion _____Occupation ____ residing at ______ hereby solemnly affirm and state as follows: 1. I have known late Mr/Mrs./Miss and his / her family for the last ______years. He / She died on _____ 2. He / Her left behind him / her surviving at the time of his / her death the following relations and no others: S.No. Name Age (years) Relationship with the deceased 3. The Property claimed by the claimants is the ancestral / self-acquired /joint property of the deceased. 4. The above facts are known to me personally. Place : _____

Solemnly affirmed before me this ______ day of _____ 20____

and explained to him, who having understood the same, declared them to be true and correct and signed in my presence.

Date:

the content of this affidavit having been read over (transcribed into

Signature

Sworn Declaration to be given by the major claimants in case where the deceased did not execute a WILL (i.e. Sworn Affidavit of Intestacy)

To, The General Manager, Andhra Pradesh Mahes Head Office: 8-2-680 / 1 Banjara Hills, Hyderabad -			
Dear Sir,			
I / We Name	Relationship with the deceased	aged	residing at
Religion		do hereby soler	mnly and sincerely affirm and
state that the deceasedexecute any WILL or made	e any other disposition of property of	during his / her life time.	did not
Place		S	ignature of Major claimants.
Date			
Solemnly affirmed	before me this	day of	20
	it having been read over (transcriben hem, who having understood the		
Place			ignature of Attesting Officer
Date	<u></u>	W	rith Designation