

Settlement of Claims in respect of Deceased Depositors

Check-list of Documents

Claims	Document obtained : Yes/ No
Accounts with Nomination clause:	
(i) Application for Deceased Claim from Nominee/Guardian of nominee (Annexure-3)	
(ii) Copy of Death Certificate (Verified withoriginal)	
(iii) Identity proof (as defined in Part= 5)	
2. Joint Accounts with Either of Survivor clause:	
(i) Application for Deceased Claim from Survivor(s) (Annexure – 3)	
(ii) Copy of Death Certificate (Verified with original)	
For cased other than Nomination/ Joint Accountswith clause: (for amounts upto threshold limit)	n survivor
(i) Application for Deceased Claim (Annexure -4)	
(ii) Copy of Death Certificate	
(iii) Letter of Indemnity signed by claimant(s) (Annexure – 5)	
4. Receipt (Annexure -6)	•



Application for Deceased Claim (To be used when account has nomination or is a joint account withsurvivor clause)

From					
	ranch Ma Small Fir	anager, ance Bank Limited Branch			
Dear S	Sir,		Late Shri/Sı	sed Account nt o (s)	
I/We	advise,		of Shri/Smt. he above account(s)	at your branch. The account is inthe :	on
A. In o	case of I	Nomination			
			residing at		
	(i) (ii)	the registered nom	ninee in the above acc	count (s) ment on behalf of Master/ Miss	th a
				a minor as on the date of theclaim.	me
		he balance in the a the legal heirs of th		of the nominee. I/We receive thepayme	ent
B.	In the	case of joint accou	int		
		ou to delete the na ame mode of operat	-	rson and continue the account inmy/ou	r
	submit ph after verif		wing document(s) tog	ether with originals. Please returnthe orio	ginal
		Certificate issued by proof (required in r			- -
Place:				Yours faithfully,	
Date :				{Claimant(s)}	



Application for deceased claim (To be used for cases other than nomination/joint account with survivorclause)

From,					
To,					
The Branch Mar Unity Small Fina		ted			
	Bra	anch			
Dear Sir,		F	Re:	Deceased Account Late Shri/Smt	
I/We advise,	the demise He/ She hol name(s)	of Shri/Smt. ds the above acco of	unt(s)	at your branch. The account :	is inthe
named decease and lodge my/d	d who died in our claim for	testate. I/We am/a	re the	ed interest lying to the crediction legal heirs of the above nate and discretion. as under:	med deceased
1. Names i	n full of the pai	rents of the deceas	ed:		
Father					
Mother					
2. Religion of the	e deceased: _		_		
Sisters (viii) Grand chi			ren (iv) Father (v) Mother (vinily, the name and address of	
Full Name/Addre		Occupation		Relationship with Deceased	Age
1					
2 3					
4.					
5.					
6					



4.		or names of the Guardian/s minor, Children of the depositors	<u> </u>				
	(a) (b)	Whether Natural Guardian Whether Guardian appointed b of Law in India. If so, attach aC copy or duly attested copy Of such order					
	(c)	In whose custody the Minor/Minors is/are?					
5.	Claima	nt/s name/s and address in full					
(i) (ii) (iii)							
I/We s verifica		ne following documents. Pleas	e return the o	riginal death certificate to us after			
	 Death Certificate (Original + 1 photocopy) issued by Letter of indemnity 						
		u to pay the balance amount ly		it of the above named deceased to my/our behalf.			
	ereby so dge and		itements are tru	e and correct to the best of my/our			
Place :				Yours faithfully,			
Date :				Signature of Claimant (s)			
	Name	of Claimant	Address	Signature			



Affidavit cum Indemnity Letter

In respect of payment of balance in deposit accounts / contents of safe depositlocker/ safe custody articles of deceased person;

(To be	e stamped wit	h the duty payable	for affidavit & In	demnity b	oond)			
I/We I (name	Mr/Ms/Miss e/names of the	e claimants),						
(s/o, w/o, d/o),					aged,	_ aged,		
addre	ss,							
do he	reby solemnly	affirm and state	as follows.					
1.		am/are the d the deceased is r	legal hei					
balan		te that I/We the fol mount /jewels/ or :-			_			
No.	Name			Age	Relationship deceased	to	the	
1.								
2.								
3. 4.								
5.								
referr	ed to as "the	ate that the dece e account") (spec branch of	cify the account	t details)	•		in	
		time of the death						
	•	(balance			_			
		(date of paym		ŕ			eina	
now p			,			,	3	



4. I/We affirm that I/We am/are the sole legal heirs of the deceases who are entitled to receive the
amount standing in the credit of the account belonging to the deceased.
5. I/We have requested the bank to make the payment of the amount standing in the credit of the
account belonging to the deceased together with interest thereon as applicable to shri/smt
being one of the legal heirs for and onbehalf of all the legal heirs.
OR
I/We have requested the bank to hand-over contents of the safe deposit locker/items held in safe custody to Shri/Smtbeing one of the legal heirs for and on behalf of all the legal heirs.
the legal helis for and on behalf of all the legal helis.
6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We
agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe
deposit locker or held in safe custody against any claim made by any person for the amount
standing to the credit of the account of the deceased.
7. I/We for ourselves and my/our respective heirs, executors and administrators jointly and
severally agree, affirm and undertake that the bank, its successors and assigns and its managers,
agents, officers and servants and their respective estates and effects are and shall from time to
time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect
of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever $\frac{1}{2}$
in respect of the said payment or delivery of the contents of items in safe deposit locker or held in
safe custody.
All the averments made herein before are true and correct and I/We put my/our signature/mark on
this Day of 200 _ at in the
presence of

Signatures(s) of deponents. (claimants)

Signature of Witness

Affidavit to be attested by Notary Public.



RECEIPT

Received v	vith thanks from XX	(X Bank,					bra	nch, a
	sum		of		F	₹s		
(Rupees				only)	by Ba	nker's C	heque No.	
		_ dated				in	favour	of
								in
full and fi	inal settlement of	my/our claim	as suc	cessor on	the	balance	in	
	Acco	unt(s) No(s)				st	anding in th	ıe
name	of	the		deceased			Shri/Smt/Ku	ım.
							_ I/We do	not
have any o	ther claim from the	Bank henceforth	า.					
Disco								
Place :								
Date :								
				(Signatur	e of all	the lega	l heirsover a	a
				` •		e stamp)		
Declaration	n in case funds ar	e settled in favo	our of a l	Minor				
l,			father	and	natu	ral	guardian	of
	h	nereby certify tha	at the pro	ceeds of yo	our Bar	nker's Ch	neque	
No.		date	ed _				favou	ring
	issu		ttlement	of the balar	nce in a	account r	number	
	of La	ate will be	utilizedfo	the benefi	t of the	minor o	nlv.	