

**The Agrasen Co-operative Urban Bank Ltd.,
21-1-824, 1st Floor, Rikab Gunj, Hyderabad-2
Tele:65262623, 65262624**

CLAIM APPLICATION FORM FROM NOMINEE

1	Full name, age & residential address of the nominee	
2	Occupation and official address of the nominee.	
3.	Name of the nominee's Father/Husband/Mother.	
4.	Name of the deceased and his /her age and address at the time of death	
5.	Place and date of death of constituent and particulars of certificate of death. (Certificate of death to be enclosed in original)	
6	Relationship, if any, of the nominee with the deceased constituent .	
7	Particulars of deposits and lockers.	
8.	Whether the nominee is in possession of the Pass Book, Receipts of Deposits, Locker Key, acknowledgement for the nomination.	
9.	If not, the reasons why the nominee is not in possession of the same.	
10	How the nominee came to know of the nomination.	
11	Name of the Bank and Branch with which the nominee is having an account.	

I request the Manager, The Agrasen Co-operative Urban Bank Ltd., to pay the proceeds of the deposits/deliver the contents of the locker mentioned above to me as the nominee of _____ (deceased)

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I hereby declare that the above answers are all true, correct and full and that I have not omitted or suppressed any information called for under any of the above columns.

Date :

Place :

(Signature of the Claimant (Nominee))

FOR OFFICIAL USE OF THE BANK

(A) Observations and recommendations of the Officer scrutinizing the claim application form.

Date :

Signature of the Officer

(B) Sanction of the Branch Manager.

Date :

Signature of the Officer

**DECLARATION FROM THE NOMINEE
(TO BE TYPED ON RS. 100/- BOND PAPER)**

To
The Manager,
The Agrasen Co-operative Urban Bank Ltd.,
Rikabgunj Branch,
Hyderabad.

I Shri/Smt/Kum _____, Nominee/appointed on behalf of the minor nominee hereby declare that I am the Nominee/appointed on behalf of the minor nominee of the deceased Shri/Smt _____.

I further declare that I am nominated to claim the deposit monies/article held in safe custody with _____ branch by Shri/Smt _____ (deceased). The deposit monies/articles held in safe custody/Locker are held in A/c _____ Locker No. _____ /Safe Custody Receipt No _____ of Shri/Smt. _____ (deceased).

Shri/Smt.. _____ Signature _____
(Nominee/appointed on behalf of minor nominee) Date : _____

Address:

WITNESS*

1. Magistrate or Judicial Officer
OR

1. Name _____
Address _____

Signature _____

2. An officer of Central or state Government
OR

2. Name _____
Address _____

Signature _____

3. An officer of a Bank

3 Name _____
Address _____

Signature _____