



FORM – F
(See sub-rules (3) and (4) of rule 8)
APPLICATION FOR CLOSURE OF ACCOUNT UNDER
SENIOR CITIZENS SAVINGS SCHEME, 2004
BY SPOUSE (JOINT HOLDER) / NOMINEE(S)/LEGAL HEIRS

To,
The Chief / Branch Manager
State Bank of India

Sir / Madam,

I / We* _____ the Spouse (Joint Holder) / Nominee(s) / Legal Heirs of
Late _____, the Depositor to the Senior Citizens Savings Scheme, 2004
Account No _____ wish to withdraw the entire amount standing to the credit of the
Deceased in the said Account.

Please find enclosed:

- (i) A certificate in regard to the death of the Depositor.
- (ii) *A Certificate in regard to the death of Shri / Smt. _____ and Shri / Smt. _____ also the nominee(s) appointed by the Depositor.
- (iii) ** Succession Certificate / Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor
- (v) # Letter of Indemnity
- (vi) # Affidavit.
- (vii) # Letter of disclaimer on affidavit

Signature or Thumb Impression of Claimant(s)

Witness:

(Signature)
(Name and Address)

Date : ____/____/20____

Place : _____

* : Delete whichever is not applicable.

** : Strike off if there is a valid nomination.

: To be produced by legal heirs, in the absence of nomination(s) for claims

FOR USE BY THE BRANCH

Withdrawal of ₹ _____ (Rupees _____ Only) is sanctioned.

Adjustment made (To be specified) _____ ₹ _____

NET AMOUNT PAID ₹ _____ (Rupees _____ Only)

Date : ____/____/20____

(Branch / Service Manager)

RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received a sum of ₹ _____ (Rupees _____ Only)
from **State Bank of India**, _____ (Branch) as per details furnished above in Full
Settlement of our Claim.

Signature / Thumb Impression of the Claimant(s)

Annexure – I to **FORM-F**
(Letter of Indemnity)

To,
The Chief / Branch Manager
State Bank of India

In consideration of your paying or agreeing to pay me/us _____ (Names of Legal heirs) the sum of Rs_____ standing in SENIOR CITIZEN SAVINGS SCHEME-2004 Account No _____ with your Bank in the name of _____ Without production of letters of administration or a succession certificate to the estate of the deceased _____ (Name of the Depositor) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due, I/We and we _____ (Sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set your hands at _____ on this ____ day of _____ 20____ in the presence of witnesses.

Signed and delivered by the above named
Heir/heirs of the deceased

**Signed and delivered by the
Above named Sureties**

(Signature of Surety 1)
(Name & Address of Surety)

(Signature of Surety 2)
(Name & Address of Surety)

Name and Address of Witnesses

(Signature of Witness 1)
(Name & Address)

(Signature of Witness 2)
(Name & Address)

Attested

Notary Public

Annexure – II to **FORM-F**
(Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We _____ Husband/Wife of Late _____ aged ____
years sons/daughters of the said Late _____ resident of _____
_____ do hereby declare and solemnly affirm as under :-

That I / We am/are the only heir(s) of the **Deceased** Late _____ who died at
_____ on ____/____/20____. I / We alone represent the estate of Shri. / Smt.

That the **Deceased** Late _____ did not leave any WILL and therefore I/We
am/are the only Successor(s) to the estate of the said Deceased.

1. _____
2. _____
3. _____
4. _____

DEPONENTS

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation at _____ (name of
place) that the contents of this affidavit are true to my/our knowledge and nothing material has been
concealed.

1. _____
2. _____
3. _____
4. _____

DEPONENTS

Dated : ____/____/20____

ATTESTED

(Oath Commissioner)

Annexure – III to **FORM-F**
(Letter of Disclaimer on Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We (i) _____ Husband/ Wife of _____
residents of _____

(ii) _____ Son / Daughter of _____

(ii) _____ Son / Daughter of _____

do hereby solemnly affirm as follows:-

1. That Shri / Smt. _____ died instate on ____/____/20____ leaving behind us _____ his / her only Heirs.
2. That we _____ heirs of our late father/mother for ourselves and on behalf of our heirs, executors, representatives and assigns do hereby relinquish our claims to the balance of **Rs** _____ which may be credited to the account sought by our mother/father to be opened in your branch in the name of the estate of the said _____ deceased father/mother after the realisation of Draft No _____ on ____/____/20____ issued by State Bank of India and we have no objection whatsoever in the balance in the above referred SENIOR CITIZEN SAVINGS SCHEME Account no _____ together with interest, if any, accrued thereon being paid by the Bank to our said mother/father Mrs./Mr. _____

1. _____
2. _____
3. _____
4. _____

DEPONENT(S)

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

1. _____
2. _____
3. _____
4. _____

DEPONENT(S)

Dated : ____/____/20____

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

ATTESTED

(Oath Commissioner)

Dated : ____/____/20____