

**SETTLEMENT OF DECEASED'S ASSETS WITHOUT LEGAL REPRESENTATION/NOMINATION
DETAIL OF CLAIMANTS / DOCUMENTS SUBMITTED**

NAME OF DECEASED : _____
DATE & PLACE OF DEATH : ____/____/20____ & _____
ACCOUNT(S) NO : _____

NAME OF CLAIMANT(S) : _____
ADDRESS WITH PHONE NO : _____
_____ MOB /PH NO: _____

Paste Photograph of All
Claimants

(Signature of All Claimants)

DOCUMENTS TO BE SUBMITTED

- ☐ DEATH CERTIFICATE OF DECEASED
- ☐ PASSBOOK / ATM CARD / UNUSED CHEQUE LEAVES / STDR RECEIPT (In Original)
- ☐ IDENTITY CARD OF ALL CLAIMANT(S) (Showing Relationship with the Deceased)
- ☐ ADDRESS PROOF OF ALL CLAIMANT(S)
- ☐ FAMILY MEMBERSHIP / LEGAL HEIRSHIP CERTIFICATE (Issued by A competent Authority)
- ☐ STAMPED LETTER OF INDEMNITY
- ☐ STAMPED AFFIDAVIT (To be Notarized / Authorized by Magistrate) *
- ☐ STAMPED LETTER OF DISCLAIMER (To be Notarized / Authorized by Magistrate)
- ☐ STAMPED LETTER OF RELINQUISHMENT (IF REQUIRED) (To be Notarized / Authorized by Magistrate)
- ☐ I D CARD & ADDRESS PROOF OF SURETY(ies) (Required if Claim Amount More than ₹50000/-) \$
- ☐ ASSETS / LIABILITIES DOCUMENTS WITH INCOME PROOF OF SURETY(ies) @
- ☐ REVENUE STAMP OF ₹ 1/-
- ☐ STAMP PAPER OF ₹____/- FOR LETTER OF INDEMNITY (In the Name of Claimants)
- ☐ STAMP PAPER OF ₹____/- FOR LETTER OF DISCLAIMER (In the Name of Disclaimers)
- ☐ STAMP PAPER OF ₹____/- FOR AFFIDAVIT (In the Name of Deponent)
- ☐ ANY OTHER DOCUMENT: _____

* Affidavit to be submitted by a person knowing the Deceased & All family members.

\$ Surety must not be related / directly involved in Assets of the Deceased.

@ Surety Net-worth must be at least Double the Claim Amount (2 Sureties may be taken)

Note: All Documents must be presented in original for verification.



SETTLEMENT OF DECEASED'S ASSETS WITHOUT PRODUCTION OF
LEGAL REPRESENTATION UNDER DISCRETIONARY POWERS

FORM-I

CLAIM FORMAT

To
Chief / Branch Manager
State Bank of India

Address for Correspondence

Shri/Smt _____

Mobile/Ph: _____

Date: ____/____/20____

Dear Sir / Madam

**CLAIM FOR PAYMENT OF BALANCES IN THE ACCOUNT(S) OF
LATE SHRI / SMT/ KUM _____ EXPIRED ON ____/____/20____**

I/We advise that Shri/ Smt/ Kum. _____ expired on ____/____/20____
/ is not traceable since ____/____/20____

2. Late Shri/ Smt/ Kum _____ was maintaining a Saving Bank/ Current
Account/ RD Account/ TDR/ STDR/ etc. _____ in your Branch as follows.

SI No	NATURE OF DEPOSIT (SB /CA/TDR/RD)	A/C NO	AMOUNT **	DATE OF MATURITY (In case of TD)	Nature of Liability to the Bank (if Any)	AMOUNT **
1.						
2.						
3.						
4.						
5.						
TOTAL DEPOSIT AMOUNT				TOTAL OF BANK LIABILITY		

** (The actual amount of claim with accrued interest will be worked out on the date of payment.)

Note: For Additional no of Accounts attached separate Sheet.

3. I/We lodge my/our claim for the above balances with accrued interest of the above named
deceased in terms of:

a. * Will of the Late Shri / Smt / Kum _____ Dated ____/____/____
and a probate granted by the Court of _____ at _____ dated
____/____/____ (Copies enclosed).

b. * Succession Certificate dated ____/____/____ granted by the Court of _____ at
_____ (Copy Enclosed).

- c. Letter of Administrator No _____ dated ____/____/____ Issued by _____ at _____ (Copy Enclosed).
- d. The deceased died intestate. I/We lodge my/our claim without a legal representation for payment as per the Bank's rules & discretion.
(* Strike out if not applicable)
4. We furnish below the required information about the deceased & the legal heirs in this regard.
- a. Date & Place of Death : ____/____/20____ & _____ (Place)
- b. Details of Death Certificate : Death Certificate No _____ Dated ____/____/20____
Issuing Authority _____
(Original to be produced for verification)
- c. Permanent Address of the Deceased : _____

- d. Religion: _____ (Hindu / Muslim / Sikh / Christen etc.)
- e. Which Law of Succession is Applicable? : _____ (Hindu / Muslim etc.)
- f. Names in full of the parents of the Deceased:
Father: _____ Mother: _____
- g. If parents(s) are living, their Ages: 1) Father _____ Years 2) Mother _____ Years.
- h. Name in full of the widow / widower of the Deceased Smt/ Shri _____
Age, (if living) _____ Years.
- i. Name (s) & age (s) of the living children of the Deceased:
- i. _____ Age _____ Years
- ii. _____ Age _____ Years
- iii. _____ Age _____ Years
- iv. _____ Age _____ Years
- v. _____ Age _____ Years
- j. Name(s) & age (s) of the living Grand Children of the Deceased:
(Children of only predeceased Son or Daughter)
- i. _____ Age _____ Years
- ii. _____ Age _____ Years
- iii. _____ Age _____ Years
- iv. _____ Age _____ Years
- v. _____ Age _____ Years
- k. Name (s) & age of living Brothers of the Deceased:
- i. _____ Age _____ Years
- ii. _____ Age _____ Years
- iii. _____ Age _____ Years

I. Name (s) & age of the living Sisters of the Deceased:

- i. _____ Age _____ Years
ii. _____ Age _____ Years
iii. _____ Age _____ Years

m. Name (s) of the minor(s) & Natural Guardian (s) Legal Guardian (s) of minors amongst the Claimants. (If Legal Guardian is appointed, a copy of the order must be enclosed)

Name (s) of the Minor Claimant(s):

- i. _____ Age _____ Years
ii. _____ Age _____ Years
iii. _____ Age _____ Years

Name (s) of the Guardian (s) Relationship with the Minor Claimant (s) above:

- i. _____ Age _____ Years
ii. _____ Age _____ Years
iii. _____ Age _____ Years

n. Shri/ Smt/ Kum _____ i.e the person furnishing the declaration below /the affidavit (Annexure 'B') knows our family for the last ____ Years & is not related with our family.

o. * Name and ages of the Claimants who propose to execute the Letter of Disclaimer.

- i. _____ Age _____ Years
ii. _____ Age _____ Years
iii. _____ Age _____ Years
iv. _____ Age _____ Years
v. _____ Age _____ Years
vi. _____ Age _____ Years

p. A Letter of Disclaimer duly stamped & executed is enclosed (* Strike out if not applicable)

q. We propose the following Surety(ies) - (No surety required for amounts up to Rs.50,000/-)

a. Name & Address: Shri./Smt/ Kum _____

b. Name & Address: Shri./Smt/ Kum _____

(The detailed information on the sureties, to arrive at their worth, is to be furnished in separate form. Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of indemnity as per format enclosed (COS 540). The Letter of indemnity will be stamped according to the Stamp Act in force in the respective State)

I / We declare that the facts stated above are true and correct to the best of my / our knowledge and belief.

Signature(S) of the Claimant (S) Who Will Receive the Amount.

I) _____

II) _____

III) _____

IV) _____

V) _____

Place: _____ Date: ____/____/20____

(To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a "Letter of Disclaimer" as per the format enclosed and will be stamped according to the Stamp Act in force in the respective State)

(Please note that the claimants will have to sign the receipt for having received the claim amount)

Encl: As above

(Note: The Bank is not responsible for any delay in deposit of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Representation in case there are disputes among legal heirs& all of them do not join in indemnify the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimants (s) being the only heir(s) of the deceased customer)

**DISPOSAL OF DECEASED'S ASSETS WITHOUT PRODUCTION
OF LEGAL REPRESENTATION UNDER DISCRETIONARY POWERS**

FOR OFFICE USE

Report of the Recommending Authority:-

I have made necessary inquiries about the claim made by the claimants and satisfied. I recommend that the claim may be settled.

- o The sureties are waived (Amounts up to 50,000)*
- o Surety (ies) offered are acceptable as per Bank's extant instructions.*
- o All the necessary documents have been obtained. The claim may be paid to the claimants.

*(Strike out if not applicable)

Any other Remarks:

Place : _____

Date : ____/____/20____

Signature with Date Name & Designation
(Recommending Authority)

Sanctioned& Control Return sent on ____/____/20____

Place : _____

Date : ____/____/20____

Signature with Date Name & Designation
(Sanctioning Authority)

DISBURSEMENT & RECORD

Amount paid by Banker's Cheque No _____ dated ____/____/20____ for _____

(Rupees _____)

Documents kept in Branch Documents vide item No _____ page No _____

Place : _____

Date : ____/____/20____

Signature with Date Name & Designation
(Branch Manager / Manager Operation)

Note: Where the Recommending Authority & Sanctioning Authority is same, he should sign in both the capacities)

(To be duty stamped as per the Stamp Act applicable to the State)

LETTER OF INDEMNITY**(Letter of indemnity with respect to payment of Balance in the Deceased Constituent's Account without production of Legal Representation)**

To,
Chief / Branch Manager
State Bank of India

IN CONSIDERATION of your paying or agreeing to pay us,

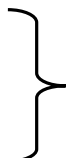
Name(s) of All
the Claimant(s)
to Be Written
Here



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The sum of Rupees _____ standing at the credit of Savings Bank/ Current/ R.D Account No. etc. _____ with your Bank/Branch in the name of Shri/ Smt/ Kum _____ since deceased, without production of Letters of Administration or a Succession Certificate to his/ her estate 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, we

Insert here the
Name(s) of the
Surety (ies)



1. _____
2. _____

do hereby for ourselves and our heirs, legal representative executors and administration, jointly and severally UNDERTAKE AND AGREE TO INDEMNIFY you and successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses with may be raised against or incurred by you by reason or in consequence of your having agreed to pay/ or paying me/ us the said sum as aforesaid.

Signed, Sealed and delivered by the above named on

This _____ Day of _____ Two Thousand _____

SIGNED AND DELIVERD by The above named

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(Heirs / Claimants of the Deceased)

SIGNED AND DELIVERED by The above named

1. _____ 2. _____

(Sureties)

NOTE

1. A Letter of indemnity on from COS 540 is to be stamped as an agreement. A letter of indemnity need not ordinary be attested provided the executants attends the Bank personally or his signature is on record with the Bank. It will have to be stamped as an Indemnity Bond if attested by a witness.
2. Where the executants/ signatories of the documents are resident in different places/ states the under noted guidelines advised by Law Department should be followed. "The section 17 of the Indian Stamp Act, 1899 provides that all instruments chargeable to the duty and executed by any person in India shall be stamped before or at the time on execution.

"Execution" in means "Signature" The chargeable event is the execution of the instrument. Section 19 A added locally in various States provides for payment of difference in duty, if any, in accordance with the rates in force in those States. In other words, in such case, the instruments to be executed may be stamped according to the applicable laws of the first person signing the documents and if the rate of duty payable in the another State where the executants resides is higher, the instrument may be further stamped (Adhesive Stamps) with the difference in duty.

However, if the rate is same or lower, it will not be required to be further stamped. In the alternative, the instrument may be stamped with the highest duty chargeable on the instrument at the time of execution by the first signatory of the instrument/ document".

LETTER OF DISCLAIMER

(To be duly stamped as per the Stamp Act applicable to the State)

To,
Chief / Branch Manager
State Bank of India

Dear Sir / Madam,

_____ *Account No _____

In the Name of Late Shri/ Smt/ Kum _____

Balance _____

With reference to the above account(s), I/ We, the following legal heirs of the late Shri/ Smt/Kum. _____ (Name of the Deceased account holder) have to advise that we have no interest in the above assets and as such we have no objection to your paying the balance amount lying in the above account(s) with you in the name of the aforesaid Shri/ Smt/ Kum _____ (Name of the deceased) to Shri/ Smt/ Kum:

1. _____ Relationship with Deceased _____
2. _____ Relationship with Deceased _____
3. _____ Relationship with Deceased _____
4. _____ Relationship with Deceased _____
5. _____ Relationship with Deceased _____

Such delivery of the payment of the balance in the above account(s) would be completely binding to us and we will not question the Bank's action in so doing if any proceedings. I/ We undertake to bind ourselves, our heirs and legal representative not to revoke the declaration made herein.

Sr.No.	Name(s) of the Disclaimer(s)	Age	Signature
1.	_____	____ Years	_____
2.	_____	____ Years	_____
3.	_____	____ Years	_____
4.	_____	____ Years	_____
5.	_____	____ Years	_____
6.	_____	____ Years	_____
7.	_____	____ Years	_____
8.	_____	____ Years	_____

Signed before me this _____ Day of _____ 20____

Seal (Notary Public / Magistrate)

*Fill in here the type of Account viz. SB/ RD/ Term Deposit/ Current Account etc.

LETTER OF RELINQUISHMENT

(To be stamped as per the Stamp Act applicable in the State)

To,
Chief / Branch Manager
State Bank of India

Date : ____/____/20____

Dear Sir / Madam,

Current /Savings Bank Account No _____ **for ₹** _____ **AND /OR**
T.D.R No _____ **Dated** ____/____/20__ **for ₹** _____ **Due on** ____/____/20__
In the name of Late _____ **(Deceased)**

With reference to the above Current Account/ Savings Bank Account/ TDR Account I
 _____ (Name and relationship to the Deceased)
 of Late Shri/Smt/Kum _____ (name of the deceased) have to advise
 that I have no interest in the assets of _____ (name of the deceased)
 and as such, I have no objection so your paying the balance lying in the Current / Savings Bank /
 TDR Account in the name of the aforesaid, Late Shri/Smt/Kum _____
 (insert here name of the deceased) to Shri/ Smt _____
 Such delivery of the ornaments and/ or payment of the balance in the Current / Savings Bank / TDR
 Account would be completely binding on me and I will not question the Bank's action in so doing, in
 any proceedings. I also undertake to bind myself, my heirs and legal representations not to revoke
 the declarations made herein Witness.

Yours faith fully

(Signature of the party)

Signature Verified
BRANCH MANAGER

**FORM OF RECEIPT TO BE OBTAINED WHILE DISPOSAL OF
ASSETS / DEPOSITS BALANCE OF THE DECEASED**

Received from STATE BANK OF INDIA _____ Branch a sum of
₹ _____/- (Rupees _____ only)
vide Banker's Cheque No _____ dated ____/____/20____ being the proceeds of
the deposit/s standing in the name of Late Shri / Smt/Kum _____
As detailed below together with interest accrued thereon up to date in full and final
settlement of all the claims made by me/us.

Sl.No	Name of the A/c	A/c No	Amount in Rs.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Place : _____

Date : ____/____/20____

Re.1/-
Revenue
Stamp

(SIGNATURE OF ALL CLAIMANTS)

AFFIDAVIT

(To be duly stamped as per the Stamp Act applicable to the State)

I/We (1) _____ Son/Wife of _____ Residing at _____
 _____ and (2) _____
 _____ Son / Wife of _____ Residing at _____
 _____ Do hereby make oath * / Solemnly affirm and say

as follows:

1. That Late Shri/ Smt/ Kum _____ (Name of the Deceased) (hereinafter referred to as "the deceased") died intestate on ____/____/20____
2. That I/We know the deceased and his family since the last ____ Years
3. That at the time of his/her death the deceased left surviving him/her the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an interstate on an interstate succession;

Sr.No.	Name(s) of the Member(s)	Age	Relationship with Deceased
i.	_____	____ Years	_____
ii.	_____	____ Years	_____
iii.	_____	____ Years	_____
iv.	_____	____ Years	_____
v.	_____	____ Years	_____
vi.	_____	____ Years	_____
vii.	_____	____ Years	_____
viii.	_____	____ Years	_____

4. That we are not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have we any claim or interstate of whatsoever nature in the estate of the deceased.
5. That we are informed and we verily believe that the deceased has left certain deposits/ assets with the State Bank of India _____ Branch, to which the abovementioned persons are entitled to claim.
6. That we are making this solemn declaration sincerely and conscientiously believing the same to true and with full knowledge that it is on the strength of this declaration that the State Bank of India _____ Branch, has agreed at our request to make payment of the amounts of the deposit/ to deliver the assets to the abovementioned persons without insisting on produced by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn * / solemnly affirmed

1) _____ 2) _____

At this _____ Day of _____, 20____ in the Presence of _____ Before me

NOTARY / MAGISTRATE

To,
 Asstt. General Manager
State Bank of India

**DISPOSAL OF DECEASED'S ASSETS WITHOUT PRODUCTION OF LEGAL REPRESENTATION
 UNDER BRANCH MANAGER DISCRETIONARY POWERS**

1.	Name of Deceased	Late
2.	Date of Death	____/____/20____
3.	Whether Death Certificate has been registered in Bank's Book	
4.	Whether the Deceased Died Testate / Intestate	
5.	Segment of the Account(s) /Assets	
6.	PARTICULAR OF DEPOSITS / ASSETS:	
(a)	Type of Deposits (SB/CA/TDR)	
(b)	Total Amount Involved	
(c)	Whether the Unused Chq Leaves /ATM Card have been taken back	
7.	Whether Deceased had any Bank Liabilities (Give Details)	
8.	Whether the above Liabilities have been settled before disposal of the Assets of deceased	
9.	Name of the Claimants/ Legal Heirs, and Relationship with the Deceased	1. _____ Relation _____ 2. _____ Relation _____ 3. _____ Relation _____ 4. _____ Relation _____ 5. _____ Relation _____ 6. _____ Relation _____ 7. _____ Relation _____ 8. _____ Relation _____ 9. _____ Relation _____ 10. _____ Relation _____
10.	In Case of any Minor, they have been represented by	
11.	Whether Assets from part of the self acquired Assets of deceased.	

12.	Whether satisfied by independent enquiries as to the correctness of the particulars furnished by the claimants	
13.	Names of the Claimants in whose name Claim was Settled	
14.	Date of Settlement / Disposal	____/____/20____
15.	Documents Taken	<input type="checkbox"/> STANDARD CLAIM FORMAT <input type="checkbox"/> DEATH CERTIFICATE OF DECEASED <input type="checkbox"/> PASSBOOK/ ATM CARD / UNUSED CHEQUE LEAVES / STDR RECEIPT <input type="checkbox"/> IDENTITY CARD OF ALL CLAIMANT(S) (Showing Relationship) <input type="checkbox"/> ADDRESS PROOF OF ALL CLAIMANT(S) <input type="checkbox"/> FAMILY MEMBERSHIP / LEGAL HEIRSHIP CERTIFICATE <input type="checkbox"/> STAMPED LETTER OF INDEMNITY <input type="checkbox"/> STAMPED AFFIDAVIT (Notarized / Authorized by Magistrate) <input type="checkbox"/> STAMPED LETTER OF DISCLAIMER <input type="checkbox"/> STAMPED LETTER OF RELINQUISHMENT <input type="checkbox"/> I D CARD & ADDRESS PROOF OF SURETY(ies)* <input type="checkbox"/> ASSETS / LIABILITIES DOC. WITH INCOME PROOF OF SURETY(ies)* <input type="checkbox"/> NO SURETY AS AMOUNT IS UPTO Rs.50000/- <input type="checkbox"/> RECEIPT FROM THE CLAIMANTS

Remarks:

Please confirm my action.

For State Bank of India

Branch Manager

Date : ____/____/20____

OPINION REPORT ON THE SURETY

1.	Name of Surety		
2.	Address with Phone No		
3.	Academic Qualification		
4.	Age of Surety		
5.	Occupation (If Employed Details of Employment)		
6.	Present Monthly Income/Salary (Attach Salary Slip in case of Salary)	₹	
7.	Total Yearly Income from All Sources	₹	
8.	No. of Dependent Family Members		
9.	DETAILS OF PERSONAL ASSETS:	Description	Amount
(a)	Immovable Property viz: Land/ Building, Flat etc. (Give Details)		₹
(b)	Investment (Fixed Deposits / Shares etc.)		₹
(c)	Surrender Value of Life Insurance Policies		₹
(d)	Other Assets if Any		₹
	TOTAL ASSETS (Sum of (a) to (d))		₹
10.	Personal Liability if Any		₹
11.	NETWORTH OF SURETY (9-10)	₹	
11.	Details of Bank A/c (Bank/Branch Name, A/c No, A/c Type etc.)		
12.	Whether Surety is related to the Deceased / Claimants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Period for which Claimants are known to Surety	Years	

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place : _____

Date : ____/____/20____

(Signature of Surety)

Remarks: _____

Divisional Manager / Branch Manager: