APPLICATION FOR DECEASED CLAIM



(To be used when account has nomination or is a joint accoun with survivor clause)



Frc	om (Name and Address of the claimant/s)	
То		
The	ne Branch Manager,	
	Bank	
	Branch	
De	ear Sir,	
	Re: Deceased Account	
	Late Shri/Smt	
	Account No(s)	
I /\A	We advise the demise of Shri/Smtonon	He/She holds the
	pove account(s) at your branch. The account is in the name(s) of:	
	In case of Nomination	
Α.	I,son/daughter of Shri	
	residing	at
		am
	(i) the registered nominee in the above account(s).	
	(ii) the person authorized to receive payment on behalf of Master / Miss	who is the
	nominee in the above account(s) and is a minor as on the date of this claim.	
	Please settle the balance in the account in the name of the nominee. I/we receive the payment	nt as trustee(s) of the legal heirs of the
	deceased depositor i.e. such payment to me/us shall not affect the right of claim which any perso	on may have on deposits of the deceased
	and there is no court order seeking to restrain the Bank from making such payment.	
B.	In the case of joint account	
	I/We request you to delete the name of deceased person and continue the account in my /our n	·
	I/We submit photocopy of the following document(s) together with originals. Please return the o	
	Death Certificate issued by	
	Identity proof (required in nomination cases)	
	Place :	Date:
		Yours faithfully,
		(Claimant(s))

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	Chec	ck-list Of Documents	
Claims			Document obtained: Yes/No
1. Accounts with No	omination clause:		
(i) Application for	or Deceased Claim from Nominee/ Gua	ardian of nominee (Annexure-	3)
(ii) Copy of Deat	th Certificate (Verified with original)		
(iii) Complete ide	entity proof of the claimant (ID and add	ress proof) (as defined in Part-	IV)
2. Joint Accounts w	vith Either or Survivor clause:		
(i) Application fo	or Deceased Claim from Survivor(s) (An	nexure-3)	
(ii) Copy of Deat	th Certificate (Verified with original)		
3. For cases other t	han Nomination/Joint		
Accounts with su	rvivor clause: (For amounts up to thre	shold limit)	
(i) Application fo	or Deceased Claim (Annexure –4)		
(ii) Copy of Deat	th Certificate		
(iii) Letter of Inde	emnity signed by claimant(s) (Annexure	-5)	
4. Receipt (Annexu	re –6)		
		Description (1997)	
		Receipt	
			branch, a sum c
			only) b
·			in favour of
			in full and final settlement of my/ou
			o(s)standingstandingI/We do not have any other claim fron
the Bank henceforth.	eased Stiff/Stiff/Nutri		
THE DATK HERCEFORM.			
Place:			Date:
			(Signature of the Nominee/Survivo
			Over a revenue stamp
DECLARATION in case	funds are settled in favour of a Minor		
l,			(Name of the gaurdian
		•	ninor) hereby certify that the proceeds of you
			favoring
ssued by you in settlen			c
_ate		will be utilized for the be	enefit of the minor only.
	F	or Office Use Only	
Date of receipt of clain	n form :		
CRN:			
Details of accounts SB,	/CA/FD/RD :		
Nomination Available	Y		
Particulars	Submitted	Recommended	Approved
	Paid vide DD No	dated for R	sin words (Rupees

......) favouring

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Indemnity Format

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

LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF BALANCE IN THE DECEASED CONSTITUENT'S ACCOUNT WITHOUT PRODUCTION OF LEGAL REPRESENTATION

То	
The Branch Manager,	
Bank	
Branch	
In Consideration of your paying or agreeing to pay me/us,	
Insert here the Name(s) Claimants	
2)	
3)	
The sum of Rupees	standing at the credit of
Savings Bank/Current/R.D. Account No. etc	with your bank 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 Certifica	ate from the Controller of Estate Duly to the effect that estate duly has
been paid or will be paid or none is due I/we do hereby for myse	
administrators, jointly and severally UNDERTAKE AND AGREE to indem	
proceedings, losses, damages, charges and expenses which may be rai	
having agreed to pay/or paying me/us the said sum as aforesaid.	sed against of incurred by you by reasons of in consequence of your
naving agreed to payror paying merus the sald sum as aforesald.	
SIGNED AND DELIVERED	
By the above named on thisDay	oftwo thousand
SIGNED AND DELIVERED by the above named	
1	2
3	4
5	6
(Heirs /claimants of the deceased)	
In consideration of the promises we the undersigned	[Namo(s) of
In consideration of the premises, we the undersigned	
Surety(ies)	
payment of all moneys due under the aforesaid indemnity by the execu	tants thereof.
Signature :	Signature :
Name :	Name :
Occupation :	Occupation :
Address :	Address :