

# APPLICATION FOR DECEASED CLAIM

(To be used for cases other than Nomination/  
joint account with survivor clause)

**JANA SMALL FINANCE BANK**



From (Name and Address fo the claimant/s)

.....  
.....  
.....

To

The Branch Manager,

.....Bank

.....Branch

Dear Sir,

Re: Deceased Account

Late Shri/Smt .....

Account No(s).....

I/We advise the demise of Shri/Smt.....on ..... He/She  
holds the above account(s) at your branch. The account(s) is/are in the name of:.....

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I/We am  
/ are the legal heirs of the above named deceased and lodge my/our claim for payment as per the bank's rules and discretion. The relevant  
information about the deceased and the legal heirs are as under.

1. Names in full of the parents of the deceased:

Father : .....

Mother : .....

2. Religion of the deceased : .....

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the  
name and address of the Karta and Co-parceners with their respective ages.

Full Name/Address	Occupation	Relationship with Deceased	Age
i			
ii			
iii			

4. Name or Names of the Guardian/s of the minor : .....

Children of the Depositor

(a) Whether Natural Guardian : .....

(b) Whether Guardian appointed by a Court

of Law in India. If so, attach a certified : .....

copy or duly attested copy of such Order

(c) In whose custody theMinor/Minors is / are? : .....

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5. Claimant/s name/s and address in full

(i) .....

(ii) .....

(iii) .....

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by: .....
2. Letter of Indemnity
3. Complete identity proof of the claimant (ID and address proof)

We request you to pay the balance amount lying to the credit of the above named deceased to .....  
.....on my/our behalf.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place: .....

Date : .....

\_\_\_\_\_  
Yours Faithfully,  
Signature of Claimant(s)

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## Check-list Of Documents

Claims	Document obtained: Yes/No
<b>1. Accounts with Nomination clause:</b>	
(i) Application for Deceased Claim from Nominee/ Guardian of nominee (Annexure-3)	
(ii) Copy of Death Certificate (Verified with original)	
(iii) Identify proof (as defined in Part-IV)	
<b>2. Joint Accounts with Either or Survivor clause:</b>	
(i) Application for Deceased Claim from Survivor(s) (Annexure-3)	
(ii) Copy of Death Certificate (Verified with original)	
<b>3. For cases other than Nomination/Joint Accounts with survivor clause: (For amounts up to threshold limit)</b>	
(i) Application for Deceased Claim (Annexure -4)	
(ii) Copy of Death Certificate	
(iii) Letter of Indemnity signed by claimant(s) (Annexure -5)	
<b>4. Receipt (Annexure -6)</b>	

## Receipt

Received with thanks from Jana Small Finance Bank, .....branch, a sum of Rs.....(Rupees.....only) by DD/Banker's Cheque No..... dated..... in favour of.....in full and final settlement of my/our claim as successor on the balance in .....Account(s) No(s).....standing in the name of the deceased Shri/Smt/Kum. .... I/We do not have any other claim from the Bank henceforth.

Place:.....

Date:.....

\_\_\_\_\_  
(Signature of all the legal heirs @  
Over a revenue stamp)

## Declaration in case funds are settled in favour of a Minor

I, ..... (Name of the gaurdian)  
.....(relationship with the minor) hereby certify that the proceeds of your DD/Banker's Cheque No. .... dated ..... favoring..... issued by you in settlement of the balance in account number .....of Late.....will be utilized for the benefit of the minor only.

## For Office Use Only

Date of receipt of claim form : .....

CRN :

Details of accounts SB/CA/FD/RD : .....

Nomination Available ☐ Y ☐ N

Date of settlement : .....

Amount settled : Rs.....(in words).....

Particulars	Submitted	Recommended	Approved
Employee Name			
Employee ID			
Signature			
Date			
Details of Payment	Paid vide DD No..... dated ..... for Rs.....in 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

To

The Branch Manager,

.....Bank

.....Branch

IN CONSIDERATION of your paying or agreeing to pay me/us,

Insert here the Name(s) Claimants

- 1) .....
- 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 Certificate 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 myself/ourselves and my/our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

### SIGNED AND DELIVERED

By the above named on this.....Day of .....two thousand .....

### SIGNED AND DELIVERED by the above named

- |         |         |
|---------|---------|
| 1 ..... | 2 ..... |
| 3 ..... | 4 ..... |
| 5 ..... | 6 ..... |

(heirs /claimants of the deceased)

In consideration of the premises, we the undersigned.....[Name(s) of Surety(ies) ..... jointly and severally guarantee to you, Jana Small Finance Bank., the payment of all moneys due under the aforesaid indemnity by the executants thereof.

Signature : .....	Signature : .....
Name : .....	Name : .....
Occupation : .....	Occupation : .....
Address : .....	Address : .....
.....	.....
.....	.....