

Branch.....

CLAIM APPLICATION FORM

(Form to be filled in by the claimant/s while giving application for payment of deposits or delivery of assets (Pledge article, etc.) of the deceased to the heir/s.)

(To be submitted in duplicate)

Date...../...../.....

1. Name/s of the deceased account holder/s and full title of the account.

2. Occupation/s and Address/es

3. Date of death of the account Holder
(Certificate to be Enclosed)

4. Nature of the account with balance
(Current, Saving, Time Deposits etc)

Current A/c. No. _____ Rs. _____
Saving A/c. No. _____ Rs. _____
Times Deposit Rs. _____

5. Description of the deposits With due dates (F.D.) Recurring, Saving, Cash Certificate etc.)	Description	Amount	Due Date

6. Name/s of the heir/s, age/s And relationship with the deceased.	Name	Relationship	Age years	Married/ Unmarried

7. Name/s of the Claimant/s

8. a) Whether the deceased has left any will? Yes / No
b) Have probate or letter of Administration been obtained Yes / No
c) Who are the Executors?

9. If the deceased has died intestate, has a succession certificate been obtained? Yes / No

10. Name of the sureties

1) a) Name _____
b) Age _____
c) Occupation _____
d) Address _____

2) a) Name _____
b) Age _____
c) Occupation _____
d) Address _____

We hereby declare that the above information is true and correct.

Signature/s of the sureties

Signature/s of the claimant/s
and legal heirs

(2)

(TO BE FILLED IN BY THE BRANCH)

1. Name of the Sureties : 1) _____ 2) _____
2. Income : 1) _____ 2) _____
3. Total Assets : 1) _____ 2) _____
4. Value of Immovable property
- a) Where is it situated? 1) _____ 2) _____
- b) Whether the Property is in their own name? 1) Yes/No 2) Yes/No
- c) Whether the immovable property is
- 1) Encumbered 1) _____ 2) _____
- 2) Unencumbered 1) _____ 2) _____
- 3) Partially encumbered: 1) _____ 2) _____

We hereby certify that we have verified the particulars mentioned in the claim form by the claimant/s and recommend that the balance/s of the captioned deceased may be paid against the legal representation viz, succession certificate / probate / letters of Administration dated _____ produced by the Claimant/s / the stamped indemnity letter signed by _____
(Name of the Claimant/s and all heirs)

And the sureties viz. (1) _____
(2) _____

Date

Branch Manager
Branch

The under signed is pleased to sanction the claim of Shri/Smt. _____ under my discretionary powers on the above conditions.

Date

Branch Manager
Branch

AUTHORITY TO PAY

We hereby authorize you to pay the balance/s of Rs. _____ plus accrued Interest at the appropriate rate, of the account to _____
(Name/s Of the Claimant/s)
against the legal representation viz, succession certificate/probate/letters of Administration dated _____ produced by the claimant/s /our stamped indemnity letter signed by the Claimant/s and other heirs as recommended by the branch and two sureties viz.

- (1) _____
- (2) _____

Please note to record the copy of death certificate legal representation as also the Indemnity in your books.

MD & CEO / Dy. General Manager / Asst. General Manager

Date : ____/ ____/ ____

- Checklist of the documents required:
1. Application form in duplicate on the form issued by the Bank
2. Xerox copy of the death certificate
3. Letter of relinquishment duly filled completely and properly along with the signature of the claimant, legal heirs and witnessed by the sureties
4. Affidavit duly filled completely and properly along with the signature of the claimant, legal heirs and witnessed by the sureties
5. Indemnity bond duly filled completely and properly along with the signature of the claimant, legal heirs and witnessed by the sureties
6. KYC - Address proof, identity proof and signature verification of the claimant, legal heirs and sureties
7. Income proof of the sureties