

**Application for Deceased claim**

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

From

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To**

The Branch Manager,  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_ 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 is in the name(s) of: \_\_\_\_\_  
\_\_\_\_\_.

**A. In case of Nomination**

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 as trustee(s) of the legal heirs of the deceased.

**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 name(s) with same mode of operations.

I/We submit photocopy of the following document(s) together with originals.  
Please return the original to us after verification.

Death Certificate issued by \_\_\_\_\_  
Identity proof (required in nomination cases) \_\_\_\_\_

Place:  
Date:

Yours faithfully,

(Claimant(s))

**Certificate of Identifiers**  
(when account has nomination)

We know the Claimant Shri/Smt. \_\_\_\_\_  
and certify that the particulars furnished by him/her regarding Late Shri/Smt.  
\_\_\_\_\_ are correct.

<u>Name and Address</u>	<u>Occupation</u>	<u>Shareholder M. No./ A/c. No. and Branch</u>	<u>Signature</u>
1.			
2.			
3.			

**TO BE FILLED IN BY THE BRANCH**

I hereby certify that I have verified the particulars mentioned in the claim form by the claimant's and have satisfied that the balance outstanding in SB/CD/FDR No. \_\_\_\_\_ of late Shri/Smt. \_\_\_\_\_ is payable to Shri/Smt \_\_\_\_\_ who is the nominee as per records maintained by us. The identifiers' Account Nos./Shareholder M. No(s). are on our Bank's record.

1. The proposal is approved and sanctioned for payment.

Asst. Gen. Manager/Sr. Manager/Manager

\_\_\_\_\_ Branch

**Application for Deceased claim**

(To be used for cases other than Nomination/joint account without survivor clause)

**From**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To

The Branch Manager  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_ 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.

<b>Full Name/Address</b>	<b>Occupation</b>	<b>Relationship with the deceased</b>	<b>Age</b>
(i) _____	_____	_____	_____
(ii) _____	_____	_____	_____
(iii) _____	_____	_____	_____
(iv) _____	_____	_____	_____
(v) _____	_____	_____	_____
(vi) _____	_____	_____	_____

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 the Minor/Minors is / are? : \_\_\_\_\_

5. Claimant/s name/s and address in full :
- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

I/We submit the following documents. Please return the originals to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by: \_\_\_\_\_
2. Copy of Identity proof(s) with original(s).
3. Letter of Indemnity

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: \_\_\_\_\_ Yours faithfully,  
 Date : \_\_\_\_\_ Signature of Claimant(s)

(i) Name of Claimant	Address	Signature
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**Certificate of Identifiers**

We know the Claimant (s) Shri/Smt. \_\_\_\_\_  
and certify that the particulars furnished by him/her/them regarding Legal heirs  
of Late Shri/Smt. \_\_\_\_\_ are correct.

<u>Name and Address</u>	<u>Occupation</u>	<u>Shareholder M. No. / A/c. No. and Branch</u>	<u>Signature</u>
1.			
2.			
3.			

**TO BE FILLED IN BY THE BRANCH**

I hereby certify that I have verified the particulars mentioned in the claim  
form by the claimant(s) and fully satisfied/recommend that the balance  
outstanding in SB/CD/FDR No. \_\_\_\_\_ of late Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ is payable to/ may be paid to Shri/Smt \_\_\_\_\_  
\_\_\_\_\_ who is/are the legal heirs and rightful claimants  
and who have executed the stamped indemnity bond. Verified that the identifiers  
Account No.(s)/Shareholder M. No(s). are on our Bank's record.

1. The proposal is approved and sanctioned for payment.
2. The proposal is recommended for sanction of Zonal Office/Head Office.
3. Sent to Zonal Office/Head Office on \_\_\_\_\_.

Asst. Gen. Manager/Sr. Manager/Manager

\_\_\_\_\_ Branch

**ENDORSEMENT BY THE ZONAL OFFICE/HEAD OFFICE**

The proposal to pay the balance of Rs. \_\_\_\_\_ at the credit in  
Saving Bank/Current Account/Fixed Deposit Receipt No. \_\_\_\_\_ of late  
Shri/Smt \_\_\_\_\_ to Shri/Smt \_\_\_\_\_  
who is/are legal heir/s against indemnity bond executed by him/her/them is  
approved.

The payment may be made after obtaining necessary documents and  
following usual procedures.

Received at Zonal Office/H.O. on \_\_\_\_\_

Scrutinized by \_\_\_\_\_

Approved & returned to branch on \_\_\_\_\_

Dy. Gen. Manager/Addl. Gen. Manager/Managing Director

**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  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_ Branch

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

Insert here the Name(s) Claimants 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

The sum of Rupees \_\_\_\_\_  
standing at the credit of Savings Bank/Current/R.D./F.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 Duty to the effect that estate duty 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 at \_\_\_\_\_ on this \_\_\_\_\_  
(Place)

Day of \_\_\_\_\_ two thousand-----  
\_\_\_\_\_

SIGNED AND DELIVERED by  
the above named

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

(heirs /claimants of the deceased)

Witness (Give their full names, address, phone nos., a/c nos. [if available] with their signatures:

- 1.
- 2.
- 3.

**A F F I D A V I T**

The Branch Manager  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_Branch.

We, Mrs. \_\_\_\_\_ and Mr. \_\_\_\_\_ both adults, Indian Inhabitant residing at \_\_\_\_\_ and Master \_\_\_\_\_ and Miss \_\_\_\_\_ both minors residing at \_\_\_\_\_ through their natural guardian, do state on solemn affirmation as under:

1. We say that Mr. Mrs. \_\_\_\_\_ died intestate on \_\_\_\_\_ leaving behind the following persons as his/her only legal heirs/survivors to his/her properties as per the personal law governing us.

Sr. No.	Name of the Legal heirs/survivors	Age	Relation with the Deceased
i			
ii			
iii			
iv			
v			
vi			

2. We say that the late Mr/Mrs. \_\_\_\_\_ was holding Fixed Deposit/Savings Bank Account No. \_\_\_\_\_ at your \_\_\_\_\_ Branch having a credit balance of Rs \_\_\_\_\_ as on \_\_\_\_\_. With respect to the said accounts the late Mr./Mrs. \_\_\_\_\_ has nominated Mr/Mrs \_\_\_\_\_ who has also expired on \_\_\_\_\_ OR has not made any nomination. On the death of Mr/Mrs. \_\_\_\_\_ we, the aforesaid person/s are legally entitled to claim the amount in the said deposit account/s as per the provisions of the personal law governing us.
3. We hereby give our free consent to you for paying the said balance amount in the aforesaid accounts to Mr./Mrs. \_\_\_\_\_ and we will have no claim on the said amount, in the event of the Bank paying the balance in the aforesaid accounts to Mr/Mrs \_\_\_\_\_.
4. We say that the minors as mentioned aforesaid will also not have any claim of whatsoever nature even on their attaining majority, in the event of the Bank paying the balance in the aforesaid accounts to Mr/Mrs. \_\_\_\_\_ as we assure you that the amount will be used for the benefit of the minors.

5. We agree to make good any loss or damage that may be caused to the Bank and or its officers by virtue to the Bank paying the balances in the said accounts to Mr./Mrs. \_\_\_\_\_

Whatever sated above is irrevocable and binding on us. The same is true and correct to the best of our knowledge and belief.

Solemnly affirmed at \_\_\_\_\_  
(Place)

This \_\_\_\_ day of \_\_\_\_\_ 200

Name	Signature
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Explained & Verified by Me

Advocate High Court

Notary Public

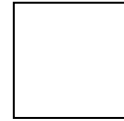


**RECEIPT**

Received with thanks from Abhyudaya Co-op. Bank Ltd., \_\_\_\_\_  
branch, a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
only) by 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,----- father and natural guardian of -----  
hereby certify that the proceeds of your 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.

Signature

