Application Form for Settlement of Claim in Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Deceased Customer (cases other than Nomination or Joint Account with survivorship clause)

The B	ranch Manager			Date:		
	Bank					
	Branch					
Mada	m/ Dear Sir,					
Depos	•	of Artic	les in Safe	Accounts/ Release of e Custody kept by S Customer)		
I/ We			(Claimant(s)	) hereby declare that I	am/ we are the	
claima	ant(s) in the *Deposit Ad	ccounts/	Safe Deposi	it Locker/ Articles in Safe	e Custody kept by	
Shri/	Smt/ Kum		(Nar	ne of Deceased/ Missin	g Customer) who	
*expir	ed on/ is	missing	/ not traceab	le since		
Au (c) Ag (d) Ma		(copy	y enclosed). ed/ Widow(er	,		
City/ District: Pin Code: State: Country:  (f) Religion:  Mention which law of succession is applicable (Hindu, Mohammedan, etc.)  (g) Name, Relation & Age of the legal heirs of the deceased:						
Sr. No.	Name & Address	Age	Relation	Mobile Number & Email Address	Whether signing Letter of Disclaimer (Yes/ No)	
1						
2						
3						
4		İ	1		1	

(h) In case of minor legal heirs, details of Natural Guardian/ Legal Guardian
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Sr. No.	Name of the Minor Legal Heir	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

**3.** I/ We, therefore, submit my/ our Claim for \*payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers/ return of articles in safe custody kept by deceased customer as per details given below:

## a. Deposit Accounts

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
	Total			
. Saf	e Deposit Locker No.		Mode of Hold	ing:

4.					
	Total				
b. Sa	afe Deposit Locker No		Mode of Hol	ding:	
Deta	ils of Articles (if known): _				
c. Sa	afe Custody Article Rece	ipt No			
Deta	ils of Articles (if known): _				
<b>4</b> .  / \	We lodge my/ our claim fo	r the above *balar	nce with accrued	interest/ safe depos	sit locker/
articl	es in safe custody of the a	above-named dece	eased in terms of	•	
(Sele	ect the applicable option	1)			
	Will of Late Shri/ Smt/	Kum	date	ed	(copy
	enclosed). The Will has	neither been Proba	ated nor has any	Letter of Administra	ion been
	obtained with respect to	the same.			
	Will of Late Shri/ Smt/ K	um	dated	and a	probate
	granted by the court of _	located	d at	vide ord	der dated
	(0	copy enclosed).			
	Letter of Administration	No	_ dated	issued by	a
	(сору е	nclosed).			

	Succession Certificate of	dated g	ranted by the Cou	urt of		
	located at	vide order dated _		(copy enclosed).		
	Court decree dated	issued	by the Court of			
	located at	(copy enclosed).				
	Legal Heir Certificate	granted by	at _	vide ord		
	dated	(copy enclosed)				
	Declaration/ Affidavit from	om an independent	person regarding	the legal heirs of th		
	deceased depositor (copy enclosed).					
<b>:</b> 4 1/	We request the bank t	a transfer the balance	oo navahla (aftar	making the required		
	ments, set-off, if any) to the			making the required		
				Burnel Betelle		
Sr. No.	Name of Claimant	Bank Name and A/c No.	IFSC	Branch Details		
1						
2						
3 4	ne minor claimant, name	of such claimant ar	nd his/ her natur	al/ legal guardian are		
2 3 4 For the	below:  Name of the Minor	of such claimant ar	Name of the	Relationship with		
2 3 4 For the given Sr. No.	below:					
2 3 4 For the	below:  Name of the Minor		Name of the	Relationship with		
2 3 4 For the given Sr. No. 1 2	below:  Name of the Minor	Date of Birth  Telease the contents of	Name of the Guardian	Relationship with Minor		
2 3 4 For the given Sr. No. 1 2	Name of the Minor Claimant  We request the bank to * r	Date of Birth  Telease the contents of	Name of the Guardian	Relationship with Minor		
2 3 4 For the given Sr. No. 1 2	Name of the Minor Claimant  We request the bank to * r	Date of Birth  Telease the contents of persons:	Name of the Guardian	Relationship with Minor		
2 3 4 For the given Sr. No. 1 2	Name of the Minor Claimant  We request the bank to * r	Date of Birth  Telease the contents of persons:	Name of the Guardian	Relationship with Minor		
2 3 4 For the given Sr. No. 1 2 5.2 I/ Vin safe Sr. No. 1	Name of the Minor Claimant  We request the bank to * r	Date of Birth  Telease the contents of persons:	Name of the Guardian	Relationship with Minor		

- (i) I/ We shall hold/ receive the aforesaid amount/ payment in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.
- (ii) The aforesaid \*accounts/ safe deposit lockers/ safe custody articles are not the subject matter of any dispute and that there is no Court order restraining me/ us or the bank from settling the claim in my/ our favour or otherwise.

- (iii) I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased customer or any other dues payable to the bank, from the balance held by the Deceased customer in the aforementioned account(s).
- (iv) To indemnify and hold the bank harmless against any claims, suits, legal proceedings by any legal heirs, executors, administrators, legal representatives, arising out of/ in connection with the settlement of this deceased claim in accordance to this request letter.

## 6.2 I/ We declare that:

(i) I/ We have attached the following documents for the purpose of settlement of my/ our claim:
$\square$ *Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)
$\Box$ Officially Valid Document <sup>3</sup> in support of the identity and address of the Claimant(s) making the claim.
☐ Will/ Probate of Will
☐ Letter of Administration
☐ Succession Certificate
☐ Court Decree/ order
☐ Legal Heir Certificate
$\hfill\Box$ Declaration/ Affidavit from an independent person regarding the legal heirs of the deceased customer
☐ Bond of indemnity/ surety signed by Claimant(s)
☐ Bond of indemnity/ surety signed by Third Party(ies)
☐ Letter of disclaimer/ no objection from non-claimant legal heir(s)
(ii) The facts stated above are true and correct to the best of my/ our knowledge and belief.

<sup>(</sup>ii) The laste stated above are true and serios to the best of high our knowledge and belief.

<sup>&</sup>lt;sup>3</sup> "Officially Valid Document" (OVD) means the passport, the driving licence, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address.

7. Name and signature of the claimants who will receive the balance payable/ a	rticles in
safe deposit locker/ safe custody:	

Sr. No.	Name of the Claimant/ Guardian of Minor Claimant	Signature/ Thumb impression⁴
1		
2		
3		
4		

Name and address of witness (in case of claimant(s) placing the thumb impression):

\*(Delete whichever is not applicable)

Note: \_\_\_\_\_ Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Document in case there are disputes among legal heirs and all of them do not join in indemnifying the bank, or give Letter of Disclaimer, or where the bank has reasonable doubt about the genuineness of the claimants being the only heirs of the deceased customer. The Bank shall duly advise the claimants in such cases.

## **FOR OFFICE USE**

(may be prepared by the bank as per its own requirement)

<sup>&</sup>lt;sup>4</sup> In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the bank.