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)

he Branch Manager Date:					
Bank					
Branch					
Madam/ Dear Sir,					
Claim for Payment of Balan Deposit Locker/ Return o (Name o	f Articl	es in Saf	e Custody l	kept by Sh	
I/ We		(Claimant(s	s)) hereby de	clare that I	am/ we are the
claimant(s) in the *Deposit Ad	counts/	Safe Depos	sit Locker/ Arti	icles in Safe	Custody kept by
Shri/ Smt./ Kum.		(Na	ame of Decea	sed/ Missing	g Customer) who
*expired on/ is	missing	/ not tracea	ble since		
(b) Details of Death Authority (c) Age: Yrs. (d) Marital Status: Married / (e) Address:	(cop	y enclosed)	. (Original to b		dated for verification)
City/ District:	PIN	J:	State:	Cour	ntrv:
(f) Religion:					····· y ··
Mention which law of suc			ble	(Hindu. Mo	hammedan. etc.)
(g) Name, Relation & Age of				_ `	,
Sr. Name & Address	Age	Relation		lumber & Address	Whether signing Letter of Disclaimer/ No Objection (Yes/ No)
1					
3					

1			
4			

(h) In case of minor legal heir(s), details of Natural Guardian/ Legal Guardian:

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						

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			

. otal	
b. Safe Deposit Locker No	Mode of Holding:
Details of Articles (if known):	
c. Safe Custody Article Receipt No.	
Details of Articles (if known):	

4.1 I/ We undertake that

- (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 from claiming 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.

4.2 I/ We declare that

Sr.	Name of Claimant	Bank Name and	IFSC	Branch Details
adjust	ments, set-off, if any) to the	ne account of claimant	(s) given below:	
5.1 l/	We request the bank to	o transfer the balanc	e payable (after	making the required
	deceased depositor (cor	by enclosed).		
	Declaration/ Affidavit from	om an independent p	erson regarding	the legal heir(s) of the
	dated			
	Legal Heir Certificate		at _	vide order
	Court decree dated located at		by the Court of	
	located at			
	Succession Certificate of			
	at	(copy enclos	sed).	
	Letter of Administr	ation No.	dated	issued by
	dated	(copy enclosed).		
	granted by the court of	located	at	vide order
	Will of Late Shri/ Smt/ Ki	um	dated	and a probate
	been obtained with resp	ect to the same.		
	enclosed). The Will has			
	Will of Late Shri/ Smt/	Kum.	dated	(copy
	ct the applicable option			
	s in safe custody of the al			·
4.3 l/ \	We lodge my/ our claim fo	r the above *balance w	ith accrued intere	est/ safe deposit locker/
	The Will submitted by me/ s not the subject matter of		behind by the De	ceased and the same
	here is no Will left behind		•	_
			o boot of my/our	knowledge and belief
(Selec	t the applicable option)			

Sr.	Name of Claimant	Bank Name and	IFSC	Branch Details
No.		A/c No.		
1				
2				
3				
4				

For the minor claimant(s), name of such claimant(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor
1				
2				

5.2 I/ We request the bank to * release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr.	Name of Claimant
Sr. No.	
1	
2	
3	
4	

6. I/ We have attached the following documents for the purpose of settlement of my/ our claim (select the applicable documents):
☐ *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 ³ 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 heir(s) of the deceased customer
☐ Bond of indemnity signed by Claimant(s)
☐ Bond of indemnity/ surety signed by Third Party(ies)
☐ Letter of disclaimer/ no objection from non-claimant legal heir(s)

- 7. The facts stated above are true and correct to the best of my/ our knowledge and belief.
- 8. Name and signature of the claimant(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:

³ "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.

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):

Signature of witness:

*(Delete whichever is not applicable)

Note:1. _____ 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/ No Objection, or where the bank has reasonable doubt about the genuineness of the claimant(s) being the only heirs of the deceased customer. The bank shall duly advise the claimant(s) in such cases.

2. In case the bank receives multiple claims from legal heirs of the deceased or in cases where there are inter se disputes amongst the legal heirs or a third party produces Will of the deceased, the bank shall not settle the claim unless the concerned party produces an Order/ Decree from Competent Court or Probate of the Will (as may be applicable), till such time the claim shall be kept on hold/ pending.

FOR OFFICE USE

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

⁴ 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.