### **BOND OF INDEMNITY/ SURETY\***

## (To be duly stamped as per the Stamp Act applicable to the State)

(For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

The Branch Manager			Date:	
	Bank			
	Brancl	า		
IN C	ONSIDERATION of you	ır paying or agreei	ng to pay us,	
(Men	tion here the name of	the claimant(s))		
1.				
2.				
3.				
4.				<del></del>
the s	um of Rupees			standing at the
**cre	dit of following deposit	accounts with you	r bank in the n	ame of Shri/ Smt./ Kum.
		since	deceased, w	ithout production of a
Cour	t Order or Probate o	of Will or Letter	of Administra	ation or a Succession
Certi	<b>ficate</b> to his/ her estate	):		
Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.	T. ( - 1			
	Total			
We,				, do hereby for
	(Mention here the N			
ourse	elves and our heirs. led	aal representatives	s, executors ar	nd administrators, jointly

and severally UNDERTAKE AND AGREE to indemnify you, the bank, its officers/

and its successors and assignees against all claims, demands,

Directors,

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 the said sum to the claimant(s) as aforesaid.

1
2
3
4
(Heir(s)/ claimant(s) of the deceased customer)
Signed and delivered by the above named on thisday of
two thousand
*SIGNED AND DELIVERED by the above named
1
2
(Sureties)
Signed and delivered by the above named on thisday of
two thousand

<sup>\*</sup> Surety is applicable only in case of claims above the threshold limit.

<sup>\*\*(</sup>Delete whichever is not applicable)

# **Opinion Report on Surety**

# A. Details to be furnished by the surety

1.	Name in Full	
2.	Address	
3.	Academic Qualification	
4.	Age	
5.	Occupation (If employed, please state the name of the employer and since when employed).	
6.	Present Monthly Income/ Salary	
7.	Total yearly income from all sources	
8.	No. of dependents	
9.	Personal Assets	
a.	Immoveable Property, viz., land/ Building, etc. (please give details of acquisition, present value, etc.)	
b.	Investments (Term Deposits, Shares, etc., if any)	
C.	Life Insurance Policy	
d.	Other Assets	
e.	Details of Bank Accounts, if any (Name and address of Bank with Account No. (Savings bank/ Current) to be furnished).	
10.	Personal Liability, if any	
11.	Please indicate whether surety is related to claimant(s) Yes/No	
12.	Period for which claimant(s) are known	Yrs.

I confirm that all the statements made by me in this application are true and correct to the best of my knowledge and belief.

	Signatur ( <b>Surety</b>
Date:	
Place:	

### B. Remarks of the Bank Official