

Annexure – 2

Settlement of Claims in respect of deceased Depositors Check-list of Documents

Claims	Document obtained : Yes/ No
1. Accounts with Nomination clause:	
(i) Application for Deceased Claim	
from	
Nominee/Guardian of nominee	
(Annexure-3)	
(ii) Copy of Death Certificate (Verified	
with	
(iii) Identity proof (as defined in Part=	
5)	
2. Joint Accounts with Either of Surv	vivor clause:
(i) Application for Deceased Claim	
from	
Survivor(s) (Annexure – 3)	
(ii) Copy of Death Certificate (Verified	
with	
original)	
3. For cased other than Nomination/ Jo	int Accounts
with survivor clause:	
(for amounts upto threshold limit)	
(i) Application for Deceased Claim	
(Annexure	
-4)	
(ii) Copy of Death Certificate	
(iii) Letter of Indemnity signed by	
claimant(s)	
(Annexure – 5)	
4. Receipt (Annexure -6)	



Application for Deceased Claim

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

From	
 To	
The Branch Manager,	
Bank	
Branch	
Dear Sir,	
Re: Deceased Account	
Late Shri/Smt	
Account No (s)	
• •	i/Smton
	the above account(s) at your branch. The account is in
the name(s) of :	the above account of at your branch. The account is in
A. In case of Nomination	
I,	son/daughter of Shri
r	residing at
	am
(i) the registered nominee in the	e above account (s)
(ii) the person authorized to rec	eive payment on behalf of Master/ Miss
	who
	count(s) and is a minor as on the date of the
claim.	e account in the name of the nominee. I/We receive the
payment as trustee(s) of the leg B. In the case of joint accoun	
•	name of deceased person and continue the account in
•	·
my/our name(s) with same mod	·
	ollowing document(s) together with originals. Please return
the original to us after verification	
Death Certificate issued by	
Place:	nation cases)
	Yours faithfully,
Date :	{Claimant(s)}



Annexure – 4

Application for deceased claim

(To be used for cases other than nomination/joint account with survivor clause)

From,			
To,			
The Branch Manager			
Bank			
B	sranch		
Dear Sir,			
Re: Deceased Account			
Late Shri/Smt			
Account No (s)			
I/We advise, the demise of	Shri/Smt		on
He/She h	olds the above a	ccount(s) at your bi	anch. The account is in
the name(s) of :			
I/We lodge my/our claim fo	r the balances w	ith accrued interest	lying to the credit of the
above named deceased wh	no died in testate	e. I/We am/are the le	egal heirs of the above
named deceased and lodge			
discretion. The relevant info	-	-	
1. Names in full of the pare			J
Father			
Mother			
2. Religion of the deceased			
3. Details of living (i) Husba	and (ii) Wife (iii) (Children (iv) Father	(v) Mother (vi)
Brothers (vii) Sisters (viii)G	rand children. If	Hindu Joint Family,	the name and
address of the Kart and Co	-parceners with	their respective age	S.
Full Name/Address	Occupation	Relationship with	Deceased Age
1			
2			
3			
4			
5			
6			



Name of Claimant	Address	Signature
Date :		Signature of Claimant (s)
Place:		Yours faithfully,
my/our knowledge and belief.		No. 10 Co. 2016 C. 11
•	he above statements	are true and correct to the best of
behalf.		
deceased to		On my/our
We request you to pay the balance	, ,	
2. Letter of indemnity		
1. Death Certificate (Original + 1 p	photocopy) issued by	
after verification.		
I/We submit the following docume	nts. Please return the	original death certificate to us
(iii)		· · · · · · · · · · · · · · · · · · ·
(ii)		
(i)		
5. Claimant/s name/s and address	s in full	
Minor/Minors is/are?		
(c) In whose custody the		
Of such order		
Certified copy or duly attested cop	ру	
Court of Law in India. If so, attach	-	
(b) Whether Guardian appointed by	Ογ	
(a) Whether Natural Guardian		
Of the minor, Children of the depo	ositors	
4. Name or names of the Guardia	n/s	



Annexure - 5

Affidavit cum Indemnity Letter

In respect of payment of balance in deposit accounts / contents of safe deposit locker/ safe custody articles of deceased person;

(To be stamped with the duty payable for affidavit & Indemnity bond)

I/We Mr/Ms/Miss

(name/names of the claimants),

(s/o, w/o, d/o), aged,

address.

do hereby solemnly affirm and state as follows.

- I/We am/are the legal heirs of Mr/Ms/Miss (name of deceased account holder) and the deceased is my/our (father/mother/wife/husband/son/daughter etc.)
- 2. I/We further state that I/We the following legal heirs are the only legal heirs entitled to claim the balance deposit/amount /jewels/ ornaments and other valuables the contents held in the locker/safe custody:-

No.	Name	Age	Relationship to the deceased
1.			
2.			
3.			
4.			
5.			

3. I/We further state that the deceased was holding an account (hereinafter			
referred to as "the account") (specify the account details) in			
	branch of	_ bank (herein after refe	erred to as
"the Bank"). At the	time of the death of the dec	eased the account was	having a
credit of Rs	(balance amount in the	account) which include	es interest
upto	(date of payment) amount to	Rs (amo	unt being
now paid).			
35			

- 4. I/We affirm that I/We am/are the sole legal heirs of the deceases who are entitled to receive the amount standing in the credit of the account belonging to the deceased.
- 5. I/We have requested the bank to make the payment of the amount standing in



the credit of the account belonging to	o the deceased to	gether wit	h intere	st thereon
as applicable to shri/smt	being one	e of the le	gal heirs	for and on
behalf of all the legal heirs.				
OR				
I/We have requested the bank to ha	nd-over contents	of the safe	deposi	t
locker/items held in safe custody to	ocker/items held in safe custody to Shri/Smt being one			
of the legal heirs for and on behalf o	f all the legal heir	S.		
6. I/We are aware that the Bank has	agreed to settle	our claims	relying	on this
affidavit and I/We agree to indemnify	y the bank in resp	ect of suc	h payme	ent or
delivery of the contents of items in s	afe deposit locker	or held in	safe cu	stody
against any claim made by any pers	against any claim made by any person for the amount standing to the credit of the			redit of the
account of the deceased.				
7. I/We for ourselves and my/our res	spective heirs, exe	ecutors an	d admin	istrators
jointly and severally agree, affirm an	d undertake that	the bank, i	ts succe	essors and
assigns and its managers, agents, o	officers and servar	nts and the	eir respe	ctive
estates and effects are and shall from	m time to time an	d at all tim	es here	after be
kept safe and saved harmless and in	ndemnified for an	d in respec	ct of suc	h payment
and against all actions, losses, cost,	charges, expens	es and de	mands v	vhatsoever
in respect of the said payment or de	livery of the conte	nts of iten	ns in saf	e deposit
locker or held in safe custody.				
All the averments made herein before	re are true and co	rrect and	/We put	: my/our
signature/mark on this	Day of	200	_ at	in the
presence of				
	Signatu	res(s) of	depone	nts. (claimants)
Signature of Witness				

Affidavit to be attested by Notary Public.



RECEIPT

for the benefit of the minor only.

Received with thanks from XXX	K Bank,	branch,
a sum of Rs	_	
(Rupees		only) by Banker's Cheque No.
date	ed	in favour of
		in
full and final settlement of my/o	our claim as succe	essor on the balance in
Account(s) No(s)	standing in the
name of the deceased Shri/Sm	t/Kum.	
		I/We do not
have any other claim from the I	Bank henceforth.	
Place :		
Date :		
		(Signature of all the legal heirs
		over a revenue stamp)
Declaration in case funds are	e settled in favou	ır of a Minor
l,	_ father and natu	ral guardian of
hereby	- , certify that the p	proceeds of your Banker's Cheque
No date	-	·
		nt of the balance in account
	· -	will be utilized