

Annexure - 4
Application for Deceased Claim – Upto threshold limit
(To be used for cases other than nomination/joint account with survivor clause)

From

To

The Branch Manager,

.....Bank

_____ 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 following account(s)/Locker No. ____ at your branch.

S. No	Type of Deposit	Account Number	In the name of	Specific Mandate given* (Y/N)	Date of Maturity	Amount (in Rs.)

*applicable only in case of Term Deposit Accounts with MOP – E or S / A or S / F or S

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 heir(s) 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 heir(s) 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) Grandchildren. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Full Name/Address	Occupation	Relationship with Deceased	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

4. Name or names of the Guardian/s

Of the minor children of the depositor(s) _____

(a) Whether Natural Guardian

(b) Whether Guardian appointed by 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 original death certificate to us after verification.

1. Death Certificate (Original + 1 photocopy) issued by _____
2. Letter of indemnity _____
3. Identity Proof _____
4. Cancelled Cheque Copy of Bank / Bank Passbook _____

We request you to pay the balance amount lying to the credit of the above-named deceased to on my/our behalf and remit the balance in my account No _____ held with _____ Bank with IFSC Code _____

Such delivery of the payment of the balance in the above account(s) / handing over the locker contents would be completely binding on us / ourselves / our heir(s) / legal representative and we shall not make any claim against the Bank, in future, in respect of the account(s) / Locker and/or the amount so paid / contents of the Locker handed over to Shri / Smt. / Kum _____.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

Signature of Claimant/s

Place:

Date:

Name of Claimant	Relationship with the deceased	Signature

Approved By:

Bank Official Name, Emp ID and Signature: