

Annexure - 5 Application for Deceased Claim – Beyond threshold limit (To be used for cases other than nomination / joint account with survivor clause)

Sι	ne Brar uryoda	nch Manage y Small Fina Brand	nce Bank Ltd.					
	ear Sir ub: Cla		ent of Deceased	l Shri / Smt. ,	/ Kum			
	S. No	Type of Deposit	Account Number	In the name of	Specific Mandate given* (Y/N)	Date of Maturity	Amount (ir	
	We loo	dge my / ou		balances in t	ounts with MOP – E or the account with accru	-		
a. * will of the late Shri / Smt and a probate granted by the court of at dated								
b.	*	copies enclo	on Certificate	e dated _.	grante (copy enclosed)	ed by the	Court of	
c.	b	* Letter of Administration No by enclosed).						
	٠	incluseu).		_				

(* Tick the appropriate Box)

I/we hereby confirm that payment so made / contents so handed over to me /us shall discharge the Bank absolutely from its liability towards the aforesaid deceased depositor against the aforesaid account.

I /we also hereby confirm that the aforesaid order passed by the court granting Succession Certificate/ Letter of Administration/Probate of Will is still in force and has not be challenged by any other party or has not been stayed or modified or set aside by any Court.

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



Death Certificate issued by Identity Proof of Claimant:					
Cancelled Cheque Copy of Bar	nk / Bank Passbook:				
Account No in the name	of	Bank	with	IFSC	Code
Thanking You,					
Yours faithfully,					
Signature	Name of Claimant(s) / Legal Heir(s)				
Dis.					
Place:					
Date:					
Approved By:					
Bank Official Name, Emp ID ar	nd Signature:				