



Annexure 15)

**Application for Deceased claim**

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

From  
.....  
.....

To  
The Branch Manager  
.....  
.....Branch

Dear Sir,  
**Reg: Deceased Account**  
Late Shri/Smt .....  
Account No.(s).....

I/We advise the demise of Shri/Smt..... on.....  
He/She holds the above account(s) at your branch. The account is in the name(s)  
of.....

**A. In case of Nomination**

I, ..... S/o / D/o / W/o  
R/o.....

- (i) the registered nominee in the above account(s).
- (ii) the person authorized to receive payment on behalf of Master/Miss .....  
.....who is the nominee in the above account(s) and is a minor as on  
the date of this claim.

Please settle the balance in the account in the name of the nominee. I / we receive the payment as trustee(s) of the heirs of the deceased.

**B. In case of joint account**

I / We request you to delete the name of deceased person and continue the account in my / our name(s) with same mode of operations.

I / we submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by.....  
Identity proof (required in nomination cases) .....

Place  
Date

Yours faithfully,  
  
Claimant(s)



(Annexure 16)

**Application for Deceased claim**

**(To be used for cases other than Nomination/ Joint account with Survivor clause)**

From \_\_\_\_\_  
\_\_\_\_\_

To  
The Branch Manager  
.....  
.....Branch

Dear Sir,  
**Reg: Deceased Account**  
Late Shri/Smt .....  
Account No.(s).....

I/We advise the demise of Shri/Smt..... on.....  
He/She holds the above account(s) at your branch. The account(s) is/are in the name(s)  
of..... 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 heirs 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 heirs 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) Grand Children. 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
(i) _____	_____	_____	_____
(ii) _____	_____	_____	_____
(iii) _____	_____	_____	_____
(iv) _____	_____	_____	_____
(v) _____	_____	_____	_____
(vi) _____	_____	_____	_____

4. Name(s) of the Guardian(s): \_\_\_\_\_  
of the minor Children of the Depositor



a) Whether Natural Guardian?: \_\_\_\_\_

b) Whether Guardian appointed by a 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

We request you to pay the balance amount lying to the credit of the above named deceased to ..... on my /our behalf.

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

Place:

Yours faithfully,

Signature of Claimant(s)

**Name of Claimant**

**Address**

**Signature**

**Affidavit cum Indemnity Letter****(To be stamped with the duty payable for affidavit and Indemnity Bond)**

In respect of payment of balance in contents of safe deposit locker of deceased person

I/We Mr / Mrs / Miss ..... (name/ names of the claimant) (s/o, w/o, d/o) .....aged ..... address

.....

do hereby solemnly affirm and state as follows:

1. I/We am/are the legal heirs of Mr/Mrs/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: -

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 (hereinafter referred to as "the Bank"). At the time of the death of the deceased, the account was having a credit of Rs. \_\_\_\_\_ (balance amount in the account) which includes interest up to \_\_\_\_\_ (date of payment) amounting to Rs. \_\_\_\_\_ (amount being now paid).
4. I/We affirm that I/We am/are the sole legal heirs of the deceased 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 the deceased together with interest thereon as applicable, to Shri/Smt \_\_\_\_\_ being one of the legal heirs for and on behalf of all the legal heirs.

OR



I/We have requested the Bank to hand-over contents of the Safe Deposit Locker to Shri/Smt \_\_\_\_\_, being one of the legal heirs for and behalf of all the legal heirs.

- 6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the Bank in respect of such payment/ delivery of the contents of items in Safe Deposit Locker against any claim made by any person for the amount standing to the credit of the account of the deceased.
- 7 I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the Bank, its successors and assigns and its Managers, Agents, Officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said payment/ delivery of the contents of items in Safe Deposit Locker.

All the averments made herein before are true and correct and I/We put my/our signature/mark on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ in the presence of \_\_\_\_\_.

**Name & Signature(s) of deponents (Claimants)**

- 1
- 2
- 3
- 4
- 5

**Name, Address & Signature of Witness**

- 1
- 2.

**(Affidavit to be attested by Notary Public)**