

## Annexure—2

### Settlement of Claims in respect of deceased depositors

#### Cheek List of documents

Claims	Document obtain Yes / No
<b>1. Accounts with Nomination clause :</b>	
(i) Application for deceased claim from Nominee / Guardian of nominee (Annexure-3)	
(ii) Copy of death certificate (True copy / Verified with original)	
(iii) Proof of identification of nominee / guardian (As per KYC norms)	
(iv) Stamped receipt for amount received signed by nominee/guardian on behalf of a minor nominee(Annexure—6)	
<b>2. Joint Accounts with Either or Survivor / Former or Survivor / Anyone or Survivor / Later or Survivor clause (As per mandate / clause in the account opening form for payment of balance to the survivor(s))</b>	
(i) Application for deceased claim from survivor(s) nominee (Annexure—3)	
(ii) Copy of death certificate (True copy / Verified with original)	
(iii) Stamped receipt for amount received signed by nominee/guardian on behalf of a minor nominee (Annexure—6)	
<b>3. For all other cases including account without Nomination / Joint Accounts with Survivor clause (for amount up-to the threshold limit of Rs. 10.00 lacs).</b>	
(i) Application for deceased claim ( Annexure — 4 )	
(ii) Copy of death certificate ( True copy / Verified with original )	
(iii) Letter of Affidavit cum Indemnity signed by all claimant(s) and sureties (with stamp duty payable for Affidavit & Indemnity Bond as applicable from time to time in the state of execution as per state enactment) (Annexure—5 )	
(iv) Proof of Authority of legal heir(s)	
(v) Proof of identification of legal heir(s) (As per KYC norms)	
(vi) Proof of identification, Asset Liability statement of sureties along with the documentary evidence	
(vii) Stamped receipt for amount received signed by all the legal heir(s) (Annexure — 6)	
<b>4. Settlement of claims based on the legal representation by way of Succession Certificate, Letter of Administration, Probate etc.</b>	
(i) Application for deceased claim ( Annexure — 4 )	
(ii) Copy of death certificate ( True copy / Verified with original )	
(iii) Legal Representation - Succession Certificate/ Letter of Administration /Probate etc.	
(iv) Proof of identification of heir(s) eligible for deceased claim based on the legal representation.	
(v) Stamped receipt for amount received signed by all the legal heir(s) eligible for claim as per legal representation (Annexure-6)	

**Annexure-3**

**Application for Deceased Claim**

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

From : \_\_\_\_\_,  
\_\_\_\_\_  
\_\_\_\_\_

To  
The Branch Manager,  
The Adinath Co-op. Bank Ltd.  
Head Office / Katargam Branch

Ref. : Deceased Account of Late Shri/ Smt. \_\_\_\_\_ A/c No(s) \_\_\_\_\_  
I / We advise the demise of Shri / Smt. \_\_\_\_\_ on \_\_\_\_\_  
He / She holds the above account at your branch. The account is in the name (s) of \_\_\_\_\_  
\_\_\_\_\_.

**A. In case of Nomination**

I \_\_\_\_\_ husband/wife/son/daughter/ \_\_\_\_\_ of  
Shri /Smt. \_\_\_\_\_ Residing at \_\_\_\_\_ am

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

Please arrange to settle the balance in the account(s) in the name of the nominee. I / We shall receive / received the payment as the trustee of the legal heir(s) of the deceased.

**A. In case of Joint Account**

I / We is / are the survivor(s) in the Account No(s) \_\_\_\_\_ opened jointly with the deceased on \_\_\_\_\_ with mode of operational instructions as \_\_\_\_\_.  
Please arrange to settle the claim in the name of the survivor(s).

I/We submit photocopy of the following document(s) together with the originals and original passbook/F.D. Receipt, Unused cheque(s) in the account(s), etc.

Please return the original death certificate and identity proof to us after verification.

Death Certificate issued by \_\_\_\_\_  
Identity Proof (required in case of the claim by the nominee) \_\_\_\_\_

Yours faithfully,

Place :

Date :

(Claimant(s) signature(s))

(Two witnesses acceptable to the Bank are required in case of the claimant(s) are illiterate)

**Annexure—4**

**Application for Deceased Claim**

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

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To  
The Branch Manager,  
The Adinath Co-op. Bank Ltd.  
Head Office / Katargam Branch

Ref.: Deceased Account of Late Shri/Smt. \_\_\_\_\_ A/c 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 \_\_\_\_\_  
\_\_\_\_\_.

I/We lodge my/our claim for the balance(s) 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 the 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 parent 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 Undivided Family, the names and address of the Karta and Co-parceners with their respective age as on date of the claim.**

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

4. Name or name 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 / attested copy of such order.
  - (c) Custody of the Minor/Minors is/are with?

5. Claimant/s name/s and address in full

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

I/We submit following document(s). Please return the original death certificate to me/us for verification.

1. Death Certificate (Original+1Photocopy) issued by competent authority.
2. Letter of indemnity
3. Original Pass Book(s) / F.D. Receipt / Unused Cheque(s) \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I / 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.

Yours faithfully.

Place :

Date :

(Claimant(s) signature(s))

Name of claimant	Address	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

## **Annexure—5**

### **Affidavit cum Indemnity Letter**

In respect of payment of balance in deposit account(s) of deceased person

**(To be stamped with the appropriate duty payable for Affidavit & Indemnity Bond)**

I / We Mr./ Mrs. \_\_\_\_\_  
(Please mention above as( Name/ Names of the claimants), ( S/o, W/o, D/o), Age and the Address.) do hereby solemnly affirm and state as follows.

1. I/We/ are the legal heirs of Mr. /Mrs. \_\_\_\_\_  
(Name of the 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, are the only legal heirs entitled to claim the outstanding deposit balance in the account of the deceased with you.

No.	Name	Age	Relation with the deceased
1			
2			
3			
4			
5			

3. I/We further state that the deceased was holding following account(s) (hereinafter referred to as 'The Account(s)') at \_\_\_\_\_ branch of \_\_\_\_\_ Bank (herein after referred to as 'The Bank').

Sr. No.	Type of Account	Account No.	Balance Outstanding	Interest up-to

At the time of the death of the deceased the accounts were having an aggregate credit of Rs. \_\_\_\_\_ (balance amount in the account's) which includes interest upto \_\_\_\_\_ (date of payment) amount to Rs. \_\_\_\_\_ (amount being now paid).

4. I / We affirm that I / We am / are the sole legal heir(s) of the deceased who is / are entitled to receive the amount standing in the credit of the account(s) 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 mandated one of the legal heirs for and on behalf of all the legal heirs.

6. I / We am / 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 against any claim made by any person(s) for the amount standing to the credit of the account of the deceased in future.
7. I / We for myself /ourselves and my / our respective heir(s), executors and administrators jointly and severally agree, affirm and undertake that the Bank, its successors and assignees 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 and bind to pay to the Bank (hereinafter referred to as 'The Bank' ) on demand the amount of any such losses, damages, costs, charges and expenses together with interest from the date of payment made by you until reimbursement by me / us.

All the statements made hereinabove are true and correct and I / We put my / our signature(s) / mark(s) on this \_\_\_\_\_Day of \_\_\_\_\_20\_\_\_\_at\_\_\_\_\_

**Signature(s) of deponent's (Claimant(s))**

In consideration of the premises, we the undersigned\_\_\_\_\_

(Name(s) of the surety/ies)

Jointly and severally guarantee to you, the payment of all money due under the aforesaid indemnity by the executants there of.

1. \_\_\_\_\_

(Signature)

Name : \_\_\_\_\_

S/o, D/o, W/o \_\_\_\_\_

Address : \_\_\_\_\_

2. \_\_\_\_\_

( Signature)

Name : \_\_\_\_\_

S/o, D/o, W/o \_\_\_\_\_

Address : \_\_\_\_\_

3. \_\_\_\_\_

(Signature)

Name : \_\_\_\_\_

S/o, D/o, W/o \_\_\_\_\_

Address : \_\_\_\_\_