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Application for deceased claim
(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 above account(s) at your branch. The account is 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 in testate. 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 Kart 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 depositors

- (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

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,

Date :

Signature of Claimant (s)

Name of Claimant

Address

Signature