ANNEXURE - 1

Applicat	tion form fo	or Settlement of Claims o	f Deceased/ M	issing Depo	sitors for payment	of Balances in
Account	ts (To be us	sed when account has No	omination or is	a joint acco	ount with survivor	clause)
To,						
The Bra	nch Manag	er				
Madam	/Dear Sir,					
Claim fo	or Payment	of Balances in the accou	nts of late/mis	sing Shri /Sr	nt. /Kum	expired
on	/is miss	ing from (as per the date	of missing lode	ged in FIR)	and is	not traceable
I/We ad	vise that Sh	nri/Smt./Kum	was ma	intaining fo	llowing accounts a	t your Branch
Sr. No.	Nature of Deposits	Account No	Amount*	Date of Maturity	Nature of Liability to the Bank, if any	Amount
	2 opcone				to the barmy is any	
(*The a	ctual amou	nt of claim with accrued	interest will be	worked ou	it on the date of pa	lyment)
Α.	In case of I	Nomination				
I,		son/da	aughter of SI	hri		residing at
						J
•	The registo	ered nominee in the abo	ove accounts/s			
•	_	n authorised to receive r		alf of Maste	r/Miss	,
	·	e nominee in the above a				
Please a	arrange to	settle the claim in the	name of the r	nominee. I ,	/We shall receive	/received the
paymen	t as trustee	e of the legal heirs of the	deceased/mis	sing person		
В.	In case of J	Joint Account				
I/We are	e the surviv	ors in the above account	s opened jointl	y with dece	ased /missing pers	on with mode
of instru	uctions as		Please arrange	to settle th	e claim/continue t	he account in
the nam	ne of surviv	ors.				

	will be required to produce all documents desired to establish my/our to execute the required documents to settle as per the bank's process				
I/We declare that the facts st knowledge and belief.	rated above are true and correct to the best of my knowledge/our				
cheque /credited to the accou	int standing in the name ofSon/Daughter/Widow of withBranch.				
Name of the Claimant/s	Signature				
Place :					
Date :					
Encl. as above					
(Two Bank Acceptable witness	are required in case/s of claimant/s are illiterate)				
Note: The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for legal representation in case there are disputes among the claimants and all of them do not join in indemnifying the Bank or where the Bank has reasonable doubt about the genuineness of the claimants being the only heirs of the deceased customer/s					
For office Use					
Recommended					
Name	Signature				
Sanctioned					
Name	Signature				

ANNEXURE - 2

Applic	ation form i	for Settlement of Claims (of Deceased/	viissing Del	positors for payment	of Balances in
Accou	nts (To be u	sed for accounts other th	nan Nominatio	on/Joint acc	count with survivor c	lause)
To,						
The B	ranch Mana	ger				
Mada	m/Dear Sir,					
		t of Balances in the acco	unts of late/m	issing Shri ,	/Smt. /Kum	
expire	ed on	/is missing fro	m	ĉ	and is not traceable	
I/We a	advise that S	Shri/Smt./Kum	was r	maintaining	following accounts a	at vour Branch
Sr. No.	Nature of Deposits	Account No	Amount*	Date of Maturity	Nature of Liability to the Bank, if any	Amount
				,	, ,	
	<u> </u>			<u> </u>		
(*The	actual amo	unt of claim with accrued	d interest wil b	oe worked (out on the date of pa	yment)
	_	claim for the above g persons in terms of : (Se				above named
•	Will of la	nte Shri /Smt/Kum			dateda	ınd a probate
	granted	by the court of		a	t	dated
		(copies enclosed)				
•	Successio	n certificate dated	gra	anted by th	e court of	
	at	(Copy enclo	osed)			
•					ated	issued by
		a	t	(сору	enclosed)	
•		ased died intestate. I/We	_	m without	a legal representatio	n for payment
	as nor the	Bank's rules and Discret	ion			

I/We furnish below the required information about the deceased/missing person and the legal heirs in this regard :

•	FIR lodge	date	(missing	perso	ns)	and	date	and	place	of	death	of	deceased/missing
	Details of d			e- Numl	ber				dated				Authority
						(сор	y encl	osed)					
-	Age :	у	ears										
•	Permanent	Addre	ess:										
•	Religion			which	ılav	v of sı	uccess	ion is	applic	cable	·		
Name	es, Relations/a	ınd ag	e/s of the	e legal h	neir	s of th	ie dec	eased	l:				
Sr. No.	Name			Age	Re	elation		Add	dress				Whether executing letter of disclaimer (Yes/No)
Name Sr.	es of the Mino	r/s Na	itural Gua	ardians,			ardiar e of th				ongst tl		claimants : Whether executing
No.	Claimants			Birth						witl	h Minor		letter of disclaimer (Yes/No)
													(100)
	imt/Kum exure) knows o					-			_				below /the affidavit mily.
I knov	v the decease	d and	his /her	family s	sinc	e last		ye	ars.				
The p	ersons name	d abo	ve is/are	the o	nly	legal	heirs	of th	e dec	ease	d/miss	ing	person entitled to
succe	ed the estat	te of	the dec	eased.	ı	am r	not re	lated	in a	ıny ı	manne	r w	hatsoever to the

claim or interest or whats	soever nature in the estat	e of the deceased.	
Certified to the best of m	y knowledge and belief th	ne facts stated above are t	rue and correct.
Name in full and address	of the person signing the	declaration :	
Place :			
Date :		Sig	nature
We propose the name of	Surety(ies) (No surety red	quired upto the amount o	f Rs. 5000/-)
Sr. No.	Name of the Surety	Address	Net Worth
I/We also understand the	•	•	•
claim till settlement and a and policy.	agree to execute the requ	ired documents to settle	as per the bank's process
I/We declare that the fa	acts stated above are tru	ue and correct to the he	est of my knowledge/our
knowledge and belief.	icis stated above are tre	ie and correct to the be	se of my knowledge, our
The amount of claim set	tled including up to date	applicable interest may	kindly be issued Banker's
cheque /credited to the a	_		
of	maintained with	Bank	Branch.
Signature of the claimant	s who will receive the am	ount	
Name of the Claimant/s		Signature	
Place :			
Date :			
Encl. as above			
(Two Bank Acceptable wit	tness are required in case	/s of claimant/s are illiter	ate)

deceased/missing persons or any of the above-mentioned persons mentioned above nor I have any

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For	Office	Use
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Recommended

Name Signature

Sanctioned

Name Signature