### **Application for Deceased claim**

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

From 				
То				
SHREE BOTAD MERCAN <sup>-</sup> BOTAD	TILE CO OP BANK LTD			
Dear Sir,				
	mt b(s)		<b>.</b>	
I / We advise the demise above account(s) at your of:	r branch. The account i	is in the name(s)		He/She holds the
In case of Nomination				
l,				gat
the registered nominee the person authorized to nominee in the above ac	in the above account(s o receive payment on b	s). Dehalf of Master / M	iss	who is the
Please settle the balanc the legal heirs of the dec		e name of the nomir	nee. I/we receive th	ne payment as trustee(s) o
In the case of joint acco	unt			
I / We Request you to do same mode of operation		eased person and co	ntinue the account	in my /our name(s) with
I / We submit photocop after verification.	by of the following doc	cument(s) together v	with originals. Plea	se return the original to us
Death Certificate issued Identity proof (required	by in nomination cases)		_	
Place: Date:				Yours faithfully,

#### Claimant(s)

## **Application for Deceased claim**

(To be used for cases other than Nomination / joint account with survivor clause)

From			
То			
SHREE BOTAD MERCANTILE CO OP BAN	NK LTD		
BOTAD			
Dear Sir,			
Re: Deceased Account			
Late Shri/Smt		Account No(s)	
I / We advise the demise of Shri/Smt			He/She holds the
above account(s) at your branch. The a of:		name	
or	•		
I / We lodge my/our claim for the b	palances with accrued	interest lying to the credit of	the above named
deceased who died intestate. I/ we an	n / are the legal heirs o	of the above named deceased an	d lodge my/our
claim for payment as per the bank's ru	ules and discretion. Th	e relevant information about the	e deceased and the
legal heirs are as under.			
Names in full of the parents of the dece	eaced:		
Father:			
Mother:			
Religion of the deceased:			
Data ila af linina (i) Huahand (ii) Mifa	(:::\ Children (:.\ Fath	()	Ciatana (viii) Cara
Details of living (i) Husband (ii) Wife Children. If Hindu Joint Family, the nam			
•			3
Full Name / Address	<u>Occupation</u>	Relationship with Deceased	<u>Age</u>
i.			Years
ii.			Years
iii.			Years
iv			Years
V			Years
vi			Years
4. Name or Names 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 / We submit the following documents. Please return the o	riginal death certificate to us after verification:
Death Certificate (Original + 1 photocopy) issued by: Letter of Indemnity	
I / We request you to pay the balance amount lyiron my/our behalf.	ng to the credit of the above named deceased to
I / We hereby solemnly affirm that the above statements a and belief.	re true and correct to the best of my/our knowledge
Place: Date:	Yours faithfully,

#### Signature of Claimant(s)

i) Name of Claimant	Address	Signature

## **Indemnity format**

(To be duly stamped as per the Stamp Act applicable to the State)

## LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF BALANCE IN THE DECEASED CONSTITUENT'S ACCOUNT WITHOUT PRODUCTION OF LEGAL REPRESENTATION

То	
SHREE BOTAD MERCANTILE CO OP BANK LTD BOTAD	
IN CONSIDERATION of your paying or agreeing to pay me/us	5,
1) Insert here the	
2) Insert here the 3) Name(s) of	
4) Claimants	
The sum of Rupees	standing at the credit of
Savings Bank/Current/R.D./Term Deposit Account No.	
Shri/Smt./Kum.	<del></del>
Letters of Administration or a Succession Certificat	
Controller of Estate Duly to the effect that estate duly	
do hereby for myself/ourselves and my/our heirs, leg	
jointly and severally UNDERTAKE AND AGREE to inder	nnify you and your successors and assign against
all claims, demands, proceedings, losses, damages, ch	arges and expenses which may be raised against
or incurred by you by reasons or in consequence of	your having agreed to pay/or paying me/us the
said sum as aforesaid.	
SIGNED AND DELIVERED  By the above named on thistwo thous	sand
SIGNED AND DELIVERED by the above named	
12	3
125	6

(heirs /claimants of the deceased)

# RECEIPT

Received with thanks from <b>SHREE BOTAD MERCANTILE CO OP BANK</b>
LTD,BOTAD Branch, a sum of Rs(Rupees
only) by Banker's Cheque No
favour of dated in full and final settlement of my/our
claim as successor on the balance in Account(s) No(s).
standing in the name of the deceased Shri / Smt / Kum
I / We do not have anyother claim from the
Bank henceforth.
Plac
e:
Dat
e:
(Signature of all the legal heirs
Over a revenue stamp) <sup>@</sup>
DECLARATION in case funds are settled in favour of a Minor
l,father and natural guardian of
hereby certify that the
proceeds
of your Banker's Cheque Nodated
favoring issued by you in settlement of the balance in account number
of Late will be utilized for the
benefit of the minor only.