

Application for Deceased Claim

(To be used when account has no nomination nor is a joint account with survivor clause)

Date :

To,

The Branch Manager,

Bandhan Bank Ltd

_____ Branch

Address for correspondence

Shri / Smt / Kum _____

Address : _____

Claim for Payment of Balances in the account(s) of Late Shri / Smt / Kum
_____ (Expired on)

I / We advise that Shri / Smt / Kum expired on _____

2. Late Shri / Smt / Kum _____ was maintaining a Savings Bank
/ Current Account / RD Account / TDR / STDR etc _____ accounts in your
Branch as follows:-

No.	Nature of deposit	Account No.	Amount (Rs.)	Date of Maturity	Nature of liability to the Bank, if any	Amount (Rs.)

{The actual amount of claim with accrued interest will be worked out on the date of payment.}

A. In case of legal representation:

3. I / We lodge my / our claim for the above balances with accrued interest of the above named deceased in terms of :-

(a) * Will of the late Shri / Smt / Kum _____ dated _____ and a probate granted by the court of _____ at _____ dated _____ (Copies enclosed).

(b) * Succession Certificate dated _____ granted by the Court of _____ at _____ (Copy Enclosed).

(c) * Letter of Administration No. _____ dated _____ issued by _____ at _____ (Copy enclosed).

B. In case settlement is to be made without production of legal representation:

(d) * The deceased died intestate. We lodge our claim without a legal representation for payment as per the Bank's rules & discretion.

{* Strike out if not applicable.}

4. We furnish below the required information about the deceased & the legal heirs in this regard:

(a) Date & Place of Death _____

(b) Details of Death Certificate (No., Date, Authority – copy enclosed. Original to be produced for verification.) _____

(c) Permanent Address of the deceased _____

(d) Religion _____

(e) Which Law of Succession is applicable? _____

(Viz. Hindu, Mohamedan etc.)

(f) Names in full of the parents of the deceased:

i) Father _____

ii) Mother _____

(g) If parent (s) are living, their ages: I) Father _____ Years, II) Mother _____ Years.

(h) Name in full of the widow / widower of the deceased

Smt / Shri _____ Age, (if living) _____ Years.

(i) Name(s) & age(s) of the living children of the deceased :

I) _____ Age _____ Years

II) _____ Age _____ Years

III) _____ Age _____ Years

IV) _____ Age _____ Years

j) Name(s) & age(s) of the living Grand Children of the deceased: { Children of only predeceased son or daughter}

I) _____ Age _____ Years

II) _____ Age _____ Years

(k) Name(s) & age(s) of living brothers of the deceased :

I) _____ Age _____ Years

II) _____ Age _____ Years

(l) Name(s) & age(s) of living sisters of the deceased :

I) _____ Age _____ Years

II) _____ Age _____ Years

(m) Name(s) of the Minor(s) & Natural Guardian(s) / Legal Guardian(s) of minors amongst the claimants. {if Legal Guardian is appointed, a copy of the order must be enclosed.}

(1) Name(s) of the Minor Claimant(s) Date (s) of Birth

(I) _____

(II) _____

(2) Name(s) of the Guardian(s) & Relationship with the Minor Claimant(s) above.

(I) _____

(II) _____

(n) Shri / Smt / Kum _____ i.e. the person furnishing the declaration below, knows our family for last ____ years & is unconnected with our family.

Name(s) in full, address of the heir(s)

- I) _____
- II) _____
- III) _____
- IV) _____
- V) _____
- VI) _____
- VII) _____
- VIII) _____
- IX) _____
- X) _____

DECLARATION

I know the deceased and his family since last _____ years. I am not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

Certified that to the best of my knowledge & belief the facts stated above are true & correct.*

Name in full & Address of the person Signing the declaration

Place & Date _____

Signature with date

(To be signed by an independent respectable person well known to the deceased person's family but unconnected with it and acceptable to the Bank.)*

(o) * Names and ages of the claimants who propose to execute the Letter of Disclaimer:-

NAME

AGE (Years)

- I) _____
- II) _____

III) _____
IV) _____
V) _____
VI) _____
VII) _____
VIII) _____

(p) * A Letter of Disclaimer as per Annexure – A duly stamped & executed is enclosed.

*{Strike out if not applicable.}

(q) We propose the following surety (ies):

I) Name & address: Shri / Smt / Kum _____

II) Name & Address: Shri / Smt / Kum _____

{The detailed information on the sureties, to arrive at their worth, is to be furnished in a separate form provided as Annexure – 6. Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of Indemnity as per format enclosed. The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State.}

(I / We declare that the facts stated above are true and correct to the best of my / our knowledge and belief.)

Signature (s) of the claimant (s) who will receive the amount.

I) _____

II) _____

III) _____

IV) _____

V) _____

VI) _____

Place _____ Date _____

{To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a 'Letter of Disclaimer' as per the format provided as Annexure - 3 and will be stamped according to the Stamp Act in force in the respective State.}

(Please note that the claimants will have to sign the receipt for having received the claim amount.)

Encl : As above

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)

{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 a Legal Representation in case there are disputes among legal heirs & all of them do not join in indemnifying the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer.}

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FOR OFFICE USE

Report of the Recommending Authority:

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the claimants.

Any other remarks: _____

Place : _____

Date : _____

Signature with date

Name & Designation