

ANNEXURE - 13 A

Claim Application of Surviving Account Holder

To

The Branch Manager,

Equitas Small Finance Bank Limited

_____ Branch

| | | |
|----|---|--|
| 1. | Name of Surviving Account Holder in full | |
| 2. | Name of the deceased customer | |
| 3. | Complete Address of the customer | |
| 4. | Age of the customer | |
| 5. | Relationship of Customer and Surviving Account Holder | |
| 6. | Whether the Surviving Holder is in possession of cheque book/ATM card/Deposit Advice/Locker key/Acknowledgement of nomination | |
| 7. | If not, the reasons why the Surviving Holder is not in possession of the same | |
| 8. | Particulars of deposits and lockers allotted and used by Surviving Holder | |

I request the Branch Manager, Equitas Small Finance Bank Limited, _____ branch, to pay the proceeds of the deposits in the _____ Savings/Current Account /Close the locker account and deliver the contents of the locker mentioned above to me as surviving holder of _____ (deceased account holder).

I hereby declare that the above information furnished is true, correct and full and that I have not omitted or suppressed any information called for under any of the above columns.

Date:

Place:

Signature of the Surviving Account Holder

For Official Use of the Bank

Views/Recommendations of the Bank Official:

(Furnish details of the deposits and enclose duly signed inventory of locker contents)

Date and Signature of the Bank Official

Branch Manager Comments and Sanction:

After proper scrutiny of the claim application, Request Letter, personal Discussion with the Surviving Holder and verification of the death certificate, declaration and other required documents submitted by Claimant, I sanction the above claim as recommended by the Bank Official.

Date and Signature of the Branch Manager