

#### **Application Form for Settlement of Claim of Deceased Constituents**

(Applicable for Resident/Non-Resident)

<u>Instructions for filling the Application form for payment of balances in accounts, articles in safe deposit locker and safe custody in cases other than Nomination or Joint Account with survivor clause</u>

- Mention name of the deceased and date of expiry. In case person is missing/not traceable (i.e., whereabouts of person is unknown for more than 7 years an order/certificate of legal death/presumption of death may be issued by Court) mention date since missing
- 2. Mention all deposit as well as loan/overdraft accounts of the deceased. The actual amount of claim with accrued interest will be worked out on the date of payment. Similarly, provide details of safe custody locker and safe custody account/receipt no. of the deceased.
- 3. Select whether claim is made without legal representation (person died intestate) or with legal representation (i.e. Will/Succession certificate/Letter of administration). Copy of the same to be enclosed. In case of legal representation, no declaration form independent person mentioned in point 5 is required, except for KYC/proper identification of beneficiaries.
- 4. (a) to (f) Details of the deceased to be provided. Submit a copy of the Death Certificate and Original for verification. The assets of deceased shall be settled to the legal heirs as per the Personal Law of succession (Hindu, Muslim, Christian or any other community) applicable to the depositor. (g) Mention particulars of all legal heirs along with age and address. In the last column, mention 'Yes' for heirs who are executing letter of disclaimer (As per Annexure-A) duly stamped and executed. Otherwise, mention 'No' (h) Mention name of legal heirs, who are minors along with Natural/Legal Guardian. If Legal Guardian is appointed, a copy of the Order Court or Authority must be enclosed.
- 5. Declaration to be signed by an independent person well known to the family of the deceased but not a family member and acceptable to the Bank or any account holder of the Bank known to the family of the deceased or any Government Official whose signature is verifiable by the Bank. Where the amount of the claim for balances exceeds threshold limit, the person furnishing the declaration shall have to submit an affidavit format (Annexure-B) as per the duly attested "Judge/Magistrate/Notary". The affidavit to be duly stamped in a non-judicial stamp paper of value according to the Stamp Act in force in the respective State. This declaration is not required if the claim application is submitted by legal heirs of deceased account holder.



- 6. The detailed information on the sureties, is to be furnished in a separate form (Annexure-D). Sureties, who are the relatives of the deceased, can be considered, provided they are not directly involved as claimants and are considered individually or jointly good for the claim settlement. If one surety is considered good for the amount by the Bank, second surety is not required. The sureties have to sign the letter of Indemnity along with Claimants as per format enclosed (Annexure-C). The letter of indemnity will be stamped according to the Stamp Act in force in the respective State.
- 7. To be signed by all the claimants other than those who have relinquished their right in the property or claim amount, by furnishing a "Letter of Disclaimer" as per the format enclosed (Annexure-A) and in a Non judicial stamp paper of value as per the Stamp Act in force in the respective State.

#### 8. For Non-Resident Depositor/Claimant

- A) In case the Depositor is Non-Resident and has passed away abroad, the death certificate which is attested/certified by any of the following shall be accepted for processing the claim:
  - i. Notary Public in that country.
  - ii. Indian Embassy / High Commission in that country.
  - iii. Bank's Foreign Office. (wherever it is possible/permissible to do attestation as per local regulations)
  - iv. Embassy/High Commission of that Country in India.

The death certificate accompanied by any of the following document as a corroboratory evidence, confirming incidence of death shall be accepted as such:

- i. Evidence of settlement of an insurance claim at foreign centre on account of death of the account holder.
- ii. Evidence of settlement of proceeds of bank accounts at foreign centre on account of death of the account holder.
- iii. Evidence of settlement of terminal benefits by the employer at foreign centre on account of death of the account holder. However, the employer would have to be a government/multilateral organisation only.
- iv. Evidence of death as provided by a hospital or local authorities at the foreign centre. However, it may be ensured that these documents are documents are issued from the same country where the death of Account holder happened.

#### B) In case Claimants (NRIs or Foreign Nationals) stay abroad and it is not possible for them to come to India for completion of formalities-

- Execute the documents in the presence of Indian Embassy officials. The said document shall be submitted to the stamp authorities for payment of stamp duty after it reaches India.
- ii. The claimant can appoint his attorney for obtaining proper legal representation and obtain payment against affidavit, indemnity, Surety etc. The procedure for the



same is that the claimant should execute valid Power of Attorney (POA) which is attested by the Indian Embassy officials.

- C) The assets of deceased NRI account holder should be settled to the legal heirs as per the Personal Law of succession (Hindu, Muslim, Christian or any other community) applicable to the depositor. This is irrespective, of whether the claimants happen to be a resident Indian, NRI, PIO or a foreign national. (However, if any court order/legal representation is obtained, the proceeds should be settled as ordered by Court. In the case of a foreign court order, ancillary orders/resealing should be obtained from Indian Court u/s 228 of the Indian Succession Act.)
- D) Foreign nationals cannot be accepted as sureties while obtaining letter of indemnity as he / she will not be governed by Indian law.

#### E) In case of legal representation-

- i. Will probated by Indian Court- Same as in resident case.
- ii. Will probated by Foreign Court- properly authenticated copy of the will issued by Foreign Court is to be produced in the Courts of India who can then grant Letters of Administration.
- iii. Succession Certificate/ Certificate of inheritance / Letter of Administration by Indian Court- No additional due diligence except for KYC/proper identification of beneficiaries
- iv. Succession Certificate/ Certificate of inheritance / Letter of Administration by Foreign Court
  - a) If issued by a Superior Court of a Reciprocating Territory (as notified by Central Govt. in Official Gazette) Claimants to obtain a grant from competent District Court in India for executing the certificate.
  - b) In case, where such certificate is not issued by a Superior Court of Reciprocating Territory, Claimant may be advised to file an application before appropriate District Court in India for issuing a separate Certificate (afresh) by producing the Certificate issued by the Foreign Court.
  - c) If Succession Certificate does not mention the Bank account for which claim is being made- It will be treated as claim without legal representation and to be acted upon accordingly.
- 9. Classification of claim based on amount of claim: The documents to be submitted is different for claim amount (Principal + Interest) up to threshold limit and claim amount above threshold limit. The threshold limit will be as determined by the concerned Bank. The claim amount will be reckoned on the date of payment, for obtaining required documents.
- 10. <u>Missing Person:</u> Claims up to a threshold limit (as determined by the concerned Bank) will be entertained without insisting for valid death certificate. All such claims in respect of missing persons, reported missing for a minimum period of one year, shall be settled on production of the following documents. 1. First Information Report (FIR)



2. Non-traceable certificate issued by the police authorities. 3. Indemnity from the claimant The claims in respect of missing person above threshold limit will be settled as per the existing Instructions i.e. after getting court order from the competent court.

#### 11. Safe Deposit Locker:

Access may be given to the legal representative of the deceased. In such cases death certificate and proof of valid legal representation shall be obtained. The legal representation shall be in the form of probate or letters of Administration.

## 12. <u>List of documents to be submitted with Claim Form: For claim up to threshold limit</u> Copy of Death Certificate Photograph & KYC of all claimant (s) legal heirs, Person furnishing declaration or Affidavit & Surety (ies). Letter of Disclaimer (Duly stamped & Notarised) Annexure-A, Letter of Indemnity (Duly stamped) Annexure-C Receipt from claimants (payment made by issuing a Banker's Cheque)

#### 13. Additional Documents for claim above threshold limit

Affidavit (Duly stamped & Notarised) - Annexure-B Opinion Report of Surety (ies) – Annexure-D

#### 14. For Safe Deposit Locker/Safe custody

Form of Inventory of Contents of Safety Locker (Annexure-E) Form of Inventory of articles left in safe custody (Annexure-F)



#### Letter of indemnity with respect to delivery of articles kept in Safe Deposit Locker/Safe Custody/Sealed Boxes (Annexure-G)

Application Form for Settlement of Claim of Deceased Constituents for payment of balances in accounts, articles in safe deposit locker and safe custody in cases other than Nomination or Joint Account with survivor clause)

(Applicable for Resident/Non-Resident)

Bank: Branch:							
To,				Address for correspondence			
The Branch Manager,			Sh	Shri/Smt/Kum			
			Ad	dress			
			— Co	ntact No			
			Em	nail ID			
			Da	te			
Mad	am/Dear Sir,						
					elivery of article		
					expired on	/ is	
missing/ not traceable since  Late Shri/Smt/Kum was maintaining following Accounts/safe deposit locker /safe custody articles in your Branch:						llowing	
lo	Nature of deposit	Account No	Amount *	Date of Maturity	Nature of Liability to the Bank, if any	Amount	
							_
	Total Amt				Total Amt		

<sup>\*(</sup>the actual amount of claim with accrued interest will be worked out on the date of payment.

c. Safe Custody Article R Details o	eceipt No			
Details o				
	of Articles:		_	
<del>-</del> •			crued interest/articles in sa s of: (Select which is applica	-
of the late Shri/Smi/Kur	m the court of dated	dalad and a pro	obate granted by <b>(Copies e</b>	enclosed).
Succession Certificate d	ated	grante	d by the Court of	
		_ (Copy Enclose	ed).	
Letter of Administration	No	dated	Issued by	
		_(Copy enclose	ed).	
the Bank's rules &discre	tion.		a legal representation for perfection for perfectio	
the Bank's rules &discre  4. I/We furnish below th	tion. ne required informati	ion about the d	eceased & the legal heirs i	
the Bank's rules &discre  4. I/We furnish below th  (a) Date & Place of Deat	tion. ne required informati th	ion about the d	eceased & the legal heirs i	n this regard
the Bank's rules &discre  4. I/We furnish below th  (a) Date & Place of Deat	tion. ne required informati th	ion about the d	eceased & the legal heirs i	n this regard
the Bank's rules & discre  4. I/We furnish below th  (a) Date & Place of Deat  (b) Details of Death Cert	tion.  ne required informati  th  tificate No.	ion about the d	eceased & the legal heirs i	n this regard
the Bank's rules &discre  4. I/We furnish below th  (a) Date & Place of Deat  (b) Details of Death Certenclosed)	tion.  te required information  th  tificate No.  d for verification.)	ion about the d	eceased & the legal heirs i	n this regard
the Bank's rules & discre  4. I/We furnish below the  (a) Date & Place of Deat  (b) Details of Death Certenclosed)  (Original to be produced)	tion.  th  tificate No.  d for verification.)	on about the d	eceased & the legal heirs i	n this regard
the Bank's rules & discre  4. I/We furnish below the  (a) Date & Place of Deat  (b) Details of Death Certenclosed)  (Original to be produced  (c)Age	tion.  thtificate Nod for verification.) Yrs.  ed/Unmarried/ Wido	on about the d	eceased & the legal heirs i	n this regard
the Bank's rules & discre  4. I/We furnish below the  (a) Date & Place of Death  (b) Details of Death Certenclosed)  (Original to be produced  (c)Age  (d)Marital Status-Marrie  (e) Permanent Address-	tion.  th  tificate No  d for verification.) Yrs.  ed/Unmarried/ Wido	on about the d dated	eceased & the legal heirs i	n this regard
the Bank's rules & discre  4. I/We furnish below the  (a) Date & Place of Death  (b) Details of Death Certenclosed)  (Original to be produced  (c)Age  (d)Marital Status-Marrie  (e) Permanent Address-H No./Flat No	tion.  th tificate No d for verification.)Yrs. ed/Unmarried/ Wido	on about the d dated	eceased & the legal heirs i	n this regard

S No.	Name	Age	Relation	Addres	S	Wheather executing Letter of Disclaimer (Yes/No)
h) Na claima	me (s) of the Minor(s) & ints.	k Natural G	iuardian(s)- Leg	al Guardia	n(s) of minors a	amongst the
S No.	Name of the Minor Claimant(s).	Date of birth	Name of th Guardians	е	Relationship with Minor	Whether executing LetterofDisclaimer (Yes/No)
know egal h	the deceased and his/eir(s) of the deceased anner whatsoever to the	her family sentitled to see deceased	since last. years succeed to the d or any of the a	s. The perso estate of th above-men	on(s) named ab ne deceased. I a tioned persons	pove is/are the only am not related in s mentioned at 4(g)
ertifi	above, nor have I any cl ed that to the best of n in full & Address of the	ny knowle	dge & belief the	e facts stat	ed above are t	rue & correct
Place						
Signat	ure					
Date						
5. We	propose the following s	surely(ies):	(No surety requ	uired for ar	nounts upto th	reshold limit)
S. No	Name of the Suret	У	Address			orth (As per cure-D)

7.1/We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.						
	standing in the name of	rest may kindly be issued Banker's/D/O Bank maintained / RTGS/NEFT.				
Signature (s) of the claimant (s) custody	who will receive the amount/ a	articles of safe deposit locker/safe				
S. No.	Name of the Claimant	Signature				
Place:						
Date: Encl: As above.						
furnished in this application and disputes among legal heirs & all o	may insist on calling for a Legal of them do not join in indemnif s reasonable doubt about the g	-				
If the space provided is insufficie	nt, please use additional sheet)					
FOR OFFICE USE						
be settled. The sureties are waive	ed (Amounts up-to 5,00,000/-)*	aimants & satisfied that the claim can / Surety/ies offered are acceptable ave been obtained. The claim may				

\*(Strike out if not applicable)

Any o	ther remarks:				
Place:					
Date:_					Signature
				Name :	
				Designation	:
				_	nding Authority)
				,	
<u>Sancti</u>	ion:				
		Rser of contents/articles in			
	_	er or contents/articles in			day of Late
Place:					
Date:_					Signature
				Name:	
				Designation	:
				_	g Authority)
Amou	nt of Rs.	(Rupees	5		)
paid b	y way of				
0	Banker's cheque obtained.	No	Da	ated	and receipt
0	Credited to claim	nant's Account No			
		ement of account carryi	ing the relevant en	try maintaine	ed on record as part o
0	the claim settlen Credited to claim	nent. nant's Account No	mair	ntained in Ind	ia
J		Bank			
		Dated		_	

oand copy of acknowledgement of electronic transfer credil			
	on record as part of the claim settlement.		
0	Handed over contents/articles of safe deposit Locker/sacclaimant and acknowledgement kept on record as part All the documents pertain to this claim settlement have	of the claim settlement.	
Place:_			
Date:_		Signature	
		Name:	
		Designation:	
		(Disbursing Authority)	

#### **LETTER OF DISCLAIMER**

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

The Bran	ch Manager			
Dear Sir,				
		*Account N	o	in the
name of	Shri/Smt./Kum.			_
Balance _				
	erence to the above account, I/We, the	following legal he	irs of the late	
Shri/Smt. (Name of	./Kum	advise that we h	ave no interest in the abo	 ve assets
and as su	ich we have no objection to your paying	the balance amo	unt lying in the above acc	ount(s)
with you	in the name of the aforesaid Shri/Smt./	′Kum		
	(Namo	e of the deceased	account holder) to Shri/S	mt./Kum.
1				
2				
J				
المام مامان		h o alagua agagumt	(a)a.uld ba aamanlatalu l	:d:
	very of the payment of the balance in t e will not question the Bank's action in			_
	s, our heirs and legal representatives no			
Sr. No	Name(s) of the Claimants (who relinquish their rights)	Age(yrs)	Signature	

Signed before me this	day of	20	<del></del>
			(Notary Public/Magistrate)
			, , , , , , , , , , , , , , , , , , , ,
"fill in here the type of ac	count viz. SB/R.D/Term	Deposit, Cur	rent etc.

#### **AFFIDAVIT**

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

I/We		S/D/O		
residin	g at			and
	S/I	D/O		
residin	g at			do hereby
make o	eath* solemnly affirm and say	as follows:		
deceas	nri/Smt./Kumed) hereinafter, referred to as	"the deceased"	died intestate or	(Name of the
	we know the deceased and h	is/her family sin	ce the last	years.
person	at the time of his/her death to s who according to the law by deceased entitled to succeed to sion:	which they are	governed, are th	e only legal heirs
SNO.	Name	Age(yrs.)	Relationship deceased	with the
above- the est	I am not related in any manne mentioned persons nor have ate of the deceased.	we any claim or	interest of whats	soever nature in
deposit	we are informed, and we veri ts"/ assets with the above-mentioned persons	the	Bank	

6. That we are making this solemn d the same to be true and with full know that the	owledge that it is on Bank he amount of the de ut insisting on produ the deceased from a	the strength of this declarationbranch, has agreed posits/ to deliver the assets to action by them of a grant of a competent Court.
day of		
		1
		2
In the presence of		before me
*(Delete whichever is inapplicable) J	udge / Magistrate / I	Notary

#### **LETTER OF INDEMNITY**

(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 Constituents Account without production of Legal representation)

lo,	
The Branch Manager	
	ur paying or agreeing to pay us/
Insert here the names	
of the claimants	
	1
	2
	3
	4
	5
credit of Saving Bank / Cu Shri/Smt./Kum.	standing at the urrent / R.D Account No. etc. with your Bank in the name of since deceased, without dministration or a Succession Certificate to his/her estate, we
Insert here	-
the Names of the	
suret(y/ies)	

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges 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, Sealed a			
SIGNED AND DE	LIVERED by the above named		
1	2	3	
4	5		
(Heirs/claimants	of the deceased)		
SIGNED AND DE	LIVERED by the above named		
1	2		

(Sureties)

#### **Opinion Report on Surety**

1	Name in Full	
2	Address	
3	Academic Qualification	
4	Age	
5	Occupation	
	(If employed, please state the name of the employer and since when Employed).	
6	Present Monthly Income / Salary (Attach a Salary Certificate, if income is by way of salary)	
7	Total yearly income from all sources	
8	No. of dependents	
9	Personal Assets	
a.	Immoveable Property viz. land/ Building flat etc. give details acquisitions, present value etc.	
b.	Investments (Fixed Deposits, Shares etc. if any)	
C.	Life Insurance Policy	
d.	Other Assets	
e.	Details of Bank Accounts, if any (Name and address of Bankers with Account No (Current/ Savings) to be furnished).	
10	Personal Liability if any	
11	Please indicate whether surety is related to claimants	Yes/No
12	Period for which claimants are known	Yrs

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place:	
Date:	Signature
	(Surety)

Remarks of the Branch Manager

**Branch Manager** 

# Form of Inventory of Contents of Safe Deposit Locker (To be used where there is no nomination or survivorship clause)

The following inventory of contents of Safe Deposit Locker No. \_\_\_\_\_\_ located at

Branch of		h of	Bank.	
hired b	y Shri/Smt		_ (deceased) in his/her sole name.	
*hired	by Shri/Smt. (i)		(deceased)	
	(ii)		jointly	
	(III)			
Was tal	ken on this			
SNO.	Description of Articles in Safe D	eposit Lockers Other	identifying particulars if any	
	purpose of inventory, access to the legal heir(s) and surviving hirers  By breaking open the locker unden Who produced the key to the loc	er his/her/their instruction	ns.	
The abo	ove inventory was taken in the pre	esence of,		
Legal h	eir or a person mandated by legal	heirs.		
1.				
Shri/ Sr	mt			
Addres	S		(Signature)	

Shri/ Smt		
Address		(Signature)
Shri/ Smt		
Address		(Signature)
Shri/ Smt		
Address		(Signature)
2.		
Witness(es) with name, address and sign	ature:	
Shri/ Smt		
Address		(Signature)
Shri/ Smt		
Address		(Signature)

#### **ACKNOWLEDGEMENT**

I, Shri/Smt.		legal heir/mandate
Holder.		
We, Shri/Smt		
		legal heirs and
Shri/Smt.		surviving hirer
Here by acknowledge the receipt of the co the above inventory together with a copy		mprised in as set out i
Shri/Smt.		
(Legal Heir/ Mandatory Holder)		
Shri/Smt	Signature	
Shri/Smt.	Signature	
Shri/Smt.	Signature	
Date & Place		
(*Delete whichever is not applicable)		

### Form of Inventory of articles left in Safe Custody (To be used where there is no nomination or survivorship clause)

The following inventory of branch of articles left in safe custody with\_\_\_\_\_

Branch of an agreement/receipt date				
of20				
SNO	Description of Artic	cles in Safe	Other iden	ntifying particulars, if
The above inventory was take	n in the presence of, Leg	gal heirs or a p	erson mand	lated by legal heirs
1. Shri/Smt		_		
Address		_	(Signatu	ıre)
2. Shri/Smt		_		
Address		_	(Signatu	ure)
	ACKNOWLEDG	SEMENT		
I, Shri/Smt.				_ legal heir/mandate
Holder.				
We, Shri/Smt				

			legal heirs and
Shri/Smt.			surviving hirers
And			
Shri/Smt			_
			_
			_
			Surviving hires
Shri/Smt	ntory together with a copy of the copy of		
Shri/Smt		Signature	
Shri/Smt		Signature	
Shri/Smt		Signature	
Date & Place_			
(*Delete which	ever is not applicable)		

# LETTER OF INDEMNITY WITH RESPECT TO DELIVERY OF ARTICLES KEPT IN BANK'S SAFE DEPOSIT VAULT/SEALED BOXES ETC. OF THE DECEASED WITHOUT PRODUCTION OF LEGAL

#### **REPRESENTATION** (To be stamped as an agreement)

To,				
In consideration of y	our delivering or ag	reeing to deliver t	o me/us	
(Insert here the nam	nes of the heir(s) of			
The articles/propert	ies mentioned here	under -		
Safe Deposit Locker No./Sealed Box in Safe Deposit Account No.	Details of the articles/proper	Description	Weight	Value
and held in the nam production of any su certificate from the be paid or none is d	uccession certificate, Controller of Estate	/ letters of adminis	stration to his/her	
I/We	a	nd	anc	<u> </u>
(State here the nam				
and we		and		
(State here the nam				

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally undertake and agree to indemnify you, the Bank, and its successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against you or incurred by you by reason or in consequence of having delivered or agreed to have deliver to me/us the above mentioned articles/property of the deceased from the safe deposit locker/sealed boxes in safe deposit.

Signed sealed and delivered by the above named on thisthousand and	day of two
SIGNED AND DELIVERED by the above named	
(1)	
(2)	
(Heirs of the deceased)	
SIGNED AND DELIVERED by the above named	
(1)	
(2)	
(Sureties)	

#### **RECEIPT**

Received from		Bank	Branc
Rs	(Rupees		only) by Banker's
Cheque No		dated	only) by Banker's in favour of being the
			urrent Account/ TDR/ STDR No.
		the name of The b	balance has been paid to meas per
Bank rules.			
Date:		Signature o	of Claimant :
Place:		Name:	
I, guardian of			father/mother and natural
		_ hereby certify that the p	roceeds of your Banker's cheque
			ull and final settlement of the
			of Late
		will be utilized for the	benefit of the minor only.
Place:			
Date:			
			(Signature of Guardian)