



## Deceased Account Claim Form

(To be used when account has Nomination or is a Joint account with Survivor or Legal Heirs (Nominee) clause)

From,

To,  
**The Branch Manager,**  
The Co-Operative Bank of Rajkot Ltd.

..... Branch

.....

.....  
.....  
.....

Date :

Dear Sir / Madam,

**Sub. : Deceased Account No.**

I/We advise the demise of Shri/Smt (*Name of the deceased depositor*) \_\_\_\_\_ On  
(*date of death*) \_\_\_\_\_ He/she holds the following account(s) at your branch. The account is/are in the name(s) of:

Sr. No.	Name of the A/c Holder	Type of A/c	Account No.	O/s Balance
01				
02				
03				

I/we, (*Name of claimant(s)*) \_\_\_\_\_ son/daughter of  
Shri (*Father name of claimant(s)*) \_\_\_\_\_ residing  
at (*address of the Claimant(s)*) \_\_\_\_\_  
\_\_\_\_\_ am/are

- |     |  |            |
|-----|--|------------|
| 01. | Survivor / Joint Account Holder of the deceased Account  | - YES / NO |
| 02. | Registered nominee of the deceased A/c as per Bank's record  | - YES / NO |
| 03. | Legal heirs of the Deceased Depositor  | - YES / NO |
| 04. | The person authorized to receive payment on behalf of<br>Master / Miss ( <i>name of minor</i> ) _____<br>who is the nominee in the above account(s) and is a minor as on the date of this claim. | - YES / NO |

*(Strike out which is not applicable)*

I/We request to the Bank to settle the balance in the account in the name mentioned above and credit the Balance amount as per Bank's rules in my/our A/c No. (*account no of claimant*) \_\_\_\_\_ with your (*name of the branch*) \_\_\_\_\_ Branch or issued a Pay order/Demand Draft.

Further I/we agree to receive the payment as trustee(s) of the legal heirs of the deceased.

I/We submit photocopy of the following document(s) together with originals. Please Return the original to us after verification and also submit required papers/ Indemnity Bond (if required) as per Bank's rules and regulation.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.



- Death Certificate issued by \_\_\_\_\_
- Identity Proof of, \_\_\_\_\_

Sr. No.	Name of the Joint A/c Holder / Survivor / Nominee / Legal Heirs	Age	Relationship with Deceased Depositor	Identity Proof of the Joint A/c Holder / Survivor / Nominee / Legal Heirs
01				
02				
03				

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

If any liability arises in this account between any of the legal Heirs, it will solely be my/our responsibility and the Bank bears no such responsibility in what so manner.

I/We claimant(s) will indemnify to the Bank if any claim against Bank arise in future.

Yours faithfully,  
(Signature of Claimant(s))

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**Note: PI Attached :**

- (1) Copy of Death Certificate of Deceased Depositor
- (2) Photo and Photo proof of all survivor(s) /nominee/legal heirs
- (4) Address proof of all survivor(s) /nominee/legal heirs
- (5) Letter of Indemnity
- (6) Copy of court order (If guardian appointed by the court)

**For Office Use Only**

Claim Form Received on \_\_\_\_\_ Rs. \_\_\_\_\_

Claim Amount Including Interest as on Date \_\_\_\_\_ Rs. \_\_\_\_\_

Claim amount to be pay to Mr / Mrs. \_\_\_\_\_

\_\_\_\_\_

Claim Settled on \_\_\_\_\_

Name of the Authorised Signatory \_\_\_\_\_

Authorised Signatory

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_



## Application for Deceased claim for Locker

(To be used when account has Nomination or is a Joint account with Survivor or Legal Heirs (Nominee) clause)

To,  
**The Branch Manager,**  
The Co-Operative Bank of Rajkot Ltd.  
..... Branch  
.....

From,  
.....  
.....  
.....

Dear Sir / Madam,

Date :

**Sub. : Claim in respect of Locker Saving Account No. \_\_\_\_\_**  
**Locker No. \_\_\_\_\_ of Late Shri/Smt \_\_\_\_\_**

I/We advise the demise of Shri / Smt. \_\_\_\_\_ on \_\_\_\_\_.  
He/She holds the above locker/account(s) at your branch. The locker/account is in the name(s) of ,

(1)

(2)

### A. In case of Nomination

I, \_\_\_\_\_, residing at \_\_\_\_\_ am

*(please tick the option below as applicable)*

- (i) The registered nominee in the above account(s). YES / NO
- (ii) The person authorized to access lockers YES / NO
- (iii) The person authorized to /receive payment  
on behalf of Master /Miss \_\_\_\_\_ YES / NO

who is the nominee in the above account(s) / Locker and is a minor as on the date of this claim.

Please permit access to the said locker/settle the balance in the account in the name of the nominee.

**OR**

I/we will access/receive the payment as trustee(s) of the legal heirs of the deceased.

### B. In the case of joint account

*I/ We request you to delete the name of deceased person and continue the locker / account in my /our name(s) with same mandate of operations.*

*I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.*

- Death Certificate issued by \_\_\_\_\_
- Photo Identity (required in nomination cases) \_\_\_\_\_
- Address Proof (required in nomination cases) \_\_\_\_\_

Place :

Date :

(Signature of Claimant(s))

## INDEMNITY BOND

(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**

To,  
**The Branch Manager,**  
The Co-Operative Bank of Rajkot Ltd.

Date :

..... Branch

.....

IN CONSIDERATION of your paying or agreeing to pay me/us,

Sr. No.	Name of the Claimant(s) / Joint Account Holder(s)
01	
02	
03	

The sum of Rupees \_\_\_\_\_ (in words \_\_\_\_\_)

Standing at the credit of following Account(s) with your bank in the name of,

Type of A/c	Account No.	Name as per Account	O/s Balance

since deceased, without production of Letters of Administration or a Succession Certificate to his/her estate or a Certificate from the Controller of Estate Duly to the effect that estate duly has been paid or will be paid or none is due I/we do hereby for myself/ourselves and my/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 above.

**SIGNED AND DELIVERED** by the above named on this day of \_\_\_\_\_.

**SIGNED AND DELIVERED** by the above named,

Sr. No.	Name of the Claimant(s) / Joint A/c Holder(s)	Signature
01		
02		
03		

**Note:** Indemnity Bond should be taken on 300.00 stamp paper, if total amount of claim is more then 100000.00 (One Lac Only).



## Consent Letter

(in case of Joint account and claim paid to one of the survivor out of remaining account holder(s))

To,  
**The Branch Manager,**  
The Co-Operative Bank of Rajkot Ltd.

Date :

..... Branch

.....

Dear Sir / Madam,

**Sub: Details of Deposits/jewels/articles in Safe Custody/ Lockers A/c. etc**

<b>A/c. No.</b>		<b>Present Balance/Value Rs.</b>	
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I/We ,

- 01. \_\_\_\_\_ (Name of joint account holder)
- 02. \_\_\_\_\_ (Name of joint account holder)
- 03. \_\_\_\_\_ (Name of joint account holder)
- 04. \_\_\_\_\_ (Name of joint account holder)

hereby authorise Mr/Mrs \_\_\_\_\_ (Name of Claimant) to receive the amount of Rs \_\_\_\_\_ / Jewels/ Articles under the above account in the name of my/our father/mother/son/daughter/Husband/wife

Mr/Mrs. \_\_\_\_\_ (name of deceased person) and I/We have no objection in your paying/delivering the same to him/her.

Thanking you,

**Yours faithfully,**  
**Signature(s) of the legal heir(s)/Joint A/c holder(s)**

(1)

(2)

(3)

(4)

*Attested by Magistrate/Notary/Gazetted Officer/or the Branch Manager if the signatory is known to him.*

• delete whichever is not applicable.



## INVENTORY LISTING

### Form of Inventory of Contents of Safe Deposit Locker Hired from Banking Company (Section 45ZE (4) of the Banking Regulation Act, 1949)

Date :

The following inventory of contents of Safe Deposit Locker No. \_\_\_\_\_ located in the Safe Deposit Vault of The Co operative Bank of Rajkot Ltd, \_\_\_\_\_ Branch at \_\_\_\_\_ (City Name) (please tick as applicable below)

01. hired by Shri/Smt. \_\_\_\_\_ deceased in his/her sole name.
02. hired by Shri/Smt. (i) \_\_\_\_\_ (deceased)  
jointly with (ii) \_\_\_\_\_ and  
(iii) \_\_\_\_\_ was taken on  
this \_\_\_\_\_

Sr. No.	Description of Articles in Safety Locker	Other identifying particulars, if any
01		
02		
03		
04		
05		

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving Hirers – (please tick as applicable below)

01. who produced the key to the locker. YES / NO
02. by breaking open the locker under his/her/their instructions. YES / NO

The above inventory was taken in the presence of :

**In case of a sole a/c with nomination, provide nominee details below.**

Name of Nominee	<input type="text"/>	Signature of Nominee
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	