

SETTLEMENT OF CLAIMS IN RESPECT OF DECEASED DEPOSITORS

CHECK-LIST OF DOCUMENTS

1. Accounts with Nomination clauses:

- i) Application for deceased claim from nominee/guardian of nominee (Annexure-1)
- ii) Copy of death certificate (Original should be produced once at branch for verification)
- iii) KYC Documents of Nominee / Guardian if nominee is minor
(Election ID card, PAN card, Aadhar Card, Passport etc.)

2. Joint Accounts with either or survivor clause:

- i) Application for deceased claim from survivor(s) (Annexure-1)
- ii) Copy of death certificate (Original should be produced once at branch for verification)

3. For cases other than nomination / Joint Account with Survivor clause

- i) Application for deceased claim (Annexure-2)
- ii) Copy of death certificate (Original should be produced once at branch for verification)
- iii) KYC Documents of Claimants, Sureties and Witnesses.
(Election ID card, PAN card, Aadhar Card, Passport etc.)
- iv) Letter of Disclaimer (Annexure- A)
- v) Affidavit signed by two witnesses (Annexure-B).
- vi) Letter of indemnity (Annexure-C)

Application for Deceased claim

(To be used when Account has Nomination or is a Joint Account with Survivor Clause)

From

To,

The Branch Manager,
Malwa Gramin Bank
.....Branch

Dear Sir / Madam,

Re: Deceased Account of Late Shri/Smt. _____ **S/o, W/o,**
D/o _____ **Account No(s)** _____

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

A. In case of Nomination

I, _____ Son/ Daughter of Shri _____
Residing at _____ am

- (i) the registered nominee in the above account(s).
- (ii) the person authorized to receive payment on behalf of Master / Miss _____ who is the nominee in the above account(s) and is a minor as on the date of this claim.
Please settle the balance in the account in the name of the nominee. I/we 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 account in my/our name(s) with same mode 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 _____

Identity & Address proof of Nominee / Guardian (required in nomination cases) _____

Place:

Yours faithfully,

Date:

Claimant(s)

Application for Deceased claim
(To be used for Accounts other than Nomination / Joint Account with Survivor Clause)

To,
 The Branch Manager,
 Malwa Gramin Bank
 Branch Address :

Address for correspondence:

Shri / Smt / Kum _____

Date : _____

Dear Sir / Madam,

Claim for Payment of Balances in the account(s) of Late Shri / Smt. / Kum. _____
 _____ **S/o, W/o, D/o Sh.** _____ **(Expired on _____)**

I / We advise that Shri / Smt. / Kum. _____ expired on _____ / * is not traceable since _____.*

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

S.No.	Nature of Deposit	Account No.	Amount (*)		Date of Maturity	Nature of Liabilities if any	Amount (*)	
			Rs.	P.			Rs.	P.
1								
2								
3								
4								
5								
TOTAL								

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

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).

(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, Issuing Authority & 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. /Sh. _____ Age, __ Years. (If living)
- 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
 - III) _____ Age _____ Years
- k. Name(s) & age(s) of living brothers of the deceased:
- I) _____ Age _____ Years
 - II) _____ Age _____ Years
 - III) _____ Age _____ Years
- l. Name(s) & age(s) of living sisters of the deceased:
- I) _____ Age _____ Years
 - II) _____ Age _____ Years
 - III) _____ 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.}
- | Name(s) of the Minor Claimant(s) | Date (s) of Birth |
|----------------------------------|-------------------|
| (I) _____ | _____ |
| (II) _____ | _____ |
- 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 / the affidavit (Annexure -B) knows our family for last _____ years & is unconnected with our family.

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

- I) _____
- II) _____
- III) _____
- IV) _____
- V) _____

- VI) _____
- VII) _____
- VIII) _____
- IX) _____
- X) _____

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

1) _____ Signature / Thumb Impression with Date _____

2) _____ Signature / Thumb Impression with Date _____

Place & 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.)*

***(Where the amount of the claim for balances exceeds Rs One Lakh, the person furnishing the declaration will have to execute an affidavit as per the format enclosed annexure- B before a " Judge / Magistrate / Notary" instead of the declaration. The affidavit will be stamped according to the Stamp Act in force in the respective State.)**

o. * Names and ages of the claimants who propose to execute the Letter of Disclaimer as per Annexure-A:-

NAME	AGE (Years)
I) _____	_____
II) _____	_____
III) _____	_____
IV) _____	_____
V) _____	_____

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):

{No surety required for amounts up-to Rs 10,000/-}

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 Annexure – I. 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 Annexure- C, 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) _____

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 Annexure- A}

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

Encl : As above

{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.}

If the space provided is insufficient, please use additional sheet.

Report of the Recommending Authority :-

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. The sureties are waived (Amounts up-to Rs. 10,000/-)* / Surety (ies) offered are acceptable as per Bank's extant instructions.* All the necessary documents have been obtained. The claim may be paid to the claimants.

*(Strike out if not applicable)

Any other remarks : _____

Place : _____

Date : _____

Signature with date
Name & Designation
(Recommending Authority)

Sanctioned & Control Return sent on -----.

Place : _____

Date : _____

Signature with date
Name & Designation
(Sanctioning Authority)

Disbursement & Record

Amount paid by banker's cheque No. _____ dated _____ for Rs. _____
(Rupees _____ and
receipt obtained as per sanction No. _____ dated _____. Documents kept in Branch
Documents vide item No. _____ page No. _____.

Place : _____

Date : _____

Signature with date
Name & Designation
(Disbursing Authority)

(Where the Recommending Authority & Sanctioning Authority is same, he should sign in both the capacities.)

NOTE

- 1) For detailed instructions, please refer to Stamp Act applicable to the state for affixing stamp duty on Letter of Disclaimer as per Annexure- "A" enclosed and Letter of Indemnity as per Annexure- C.
- 2) Where the executants / signatories of the documents are residents in different places / states the guidelines advised by Law Department should be followed:-
" The section 17 of the Indian Stamp Act, 1899 provides that all instruments chargeable to the duty and executed by any person in India shall be stamped before or at the time of execution. "Execution" here means "Signature". The chargeable even is the execution of the instrument. Section 19A added locally in various States provides for payment of difference in duty, if any, in accordance with the rates in force in those States. In other words, in such case, the instruments to be executed may be stamped according to the applicable laws of the first person signing the documents and if the rate of duty payable in another State where the executant resides in higher, the instrument may be further stamped (Adhesive Stamps) with the difference in duty. However, if the rate is same or lower, it will not be required to be further stamped. In the alternative, the instrument may be stamped with the highest duty chargeable on the instrument at the time of execution by the first signatory of the instrument / document."

LETTER OF DISCLAIMER

The Branch Manager
Malwa Gramin Bank,
Branch - _____

Dear Sir,

Saving / Current / Term Deposit / Recurring Deposit Account No . _____
in the name of Deceased Shri / Smt. / Kum. _____ S/o, W/o, D/o Sh.
_____ having Balance Rs. _____.

With reference to the above account(s), I/We the following legal heirs of the late Shri / Smt. / Kum. _____ (Name of the deceased account holder) have to advise that we have no interest in the above assets and as such we have no objection to your paying the balance amount lying in the above account(s) with you in the name of the aforesaid Shri / Smt. / Kum. _____ (name of the deceased account holder) to Shri / Smt. / kum.

1. _____
2. _____
3. _____
4. _____
5. _____

Such delivery of the payment of the balance in the above account(s) would be completely binding on us and we will not question the Bank's action in so doing if any proceedings. I / We also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Sr. No.	Name(s) of the Claimants	Age	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Signed before me

This _____ day of _____ (Notary Public / Magistrate)

AFFIDAVIT

I / We, (1) _____ S/o,W/o, D/o _____

R/o _____ and

(2) _____ S/o, W/o, D/o _____

R/o _____

do hereby make oath* / solemnly affirm and say as follows :-

1. That Shri / Smt. / Kum. _____ (Name of the deceased)
(hereinafter referred to as “the deceased”) died intestate on _____ at _____.
2. That we know the deceased and his family since the last _____ years.
3. That at the time of his death the deceased left surviving him the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an interstate succession:-

	Name	Age	Relationship with the deceased
(i)	_____	_____	_____
(ii)	_____	_____	_____
(iii)	_____	_____	_____
(iv)	_____	_____	_____
(v)	_____	_____	_____
(vii)	_____	_____	_____
(viii)	_____	_____	_____
(ix)	_____	_____	_____
(x)	_____	_____	_____

4. That we are not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have we any claim or interest of whatsoever nature in the estate of the deceased.
5. That we are informed and we verify believe that the deceased has left certain deposits* / assets with the Malwa Gramin Bank _____ (Branch), to which the abovementioned persons are entitled to claim.
6. That we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the Malwa Gramin Bank _____ (Branch, has agreed at our request to make payment of the amounts of the deposits / to deliver the assets to the abovementioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn* / Solemnly affirmed

1 _____

At this _____

Day of _____ in the

2 _____

Presence of _____ Before me

* (Delete whichever is inapplicable)

Judge / Magistrate / Notary

LETTER OF INDEMNITY

(Letter of Indemnity with respect to payment of Balance in the Deceased Constituents' Account without Production of Legal Representations)

To,
The Branch Manager
Malwa Gramin Bank
Branch : _____

In consideration of your paying or agreeing to pay us,

- | | | |
|------------------------|----|-------|
| Insert here the | 1) | _____ |
| Name(s) of the | 2) | _____ |
| Claimants | 3) | _____ |
| | 4) | _____ |
| | 5) | _____ |

The sum of Rupees _____ (Rupees _____
Only) standing at the credit of Savings bank / Current / R.D. Account No. etc. _____ with your bank in the name of Shri / Smt. / Kum. _____ 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.

We, Insert here the Name(s) of the Surety(ies) 1) _____
2) _____ 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 and delivered By the above named on this _____ Day of _____ two thousand _____

SIGNED AND DELIVERED by The above named

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(heirs / claimants of the deceased)

SIGNED AND DELIVERED by The above named

1. _____ 2. _____

(Sureties)