Settlement of Claims in respect of Deceased Depositors

Check List of documents

Claims	Documents obtained : Yes / No
(1) Account with Nomination	
Application for deceased Claim from Nominee (Annexure 1)	
Letter of Indemnity from Nominee (Annexure 2)	
Copy of death Certificate (Verified with Original)	
Identity Proof	
(2) Joint Account with either or Survivor Clause	
Application for deceased Claim from Remaining survivor(s) (Annexure 3)	
Copy of death Certificate (Verified with Original)	
(3) Accounts having neither Survivorship Clause nor Nomination (for amount upto Rs. 5,00,000/-)	
Application for deceased Claim (Annexure 4)	
Copy of Heirship Certificate (Pedhinamu / Succession Certificate) (To be produced as per Authority of Legal Heirs)	
Copy of death Certificate (Verified with Original)	
Letter of Indemnity from the Legal Heirs (Annexure 5 and 6) whichever is applicable	
Identity Proof	
(4) Accounts having neither Survivorship Clause nor Nomination (for amount above Rs. 5,00,001/-)	
Application for deceased Claim (Annexure 4)	
Copy of Heirship Certificate (Succession Certificate / Letter of Administration / Copy of Probate)	
Copy of death Certificate (Verified with Original)	
Letter of Indemnity from the Claimants (Annexure 6) (Annexure 7)	

Note : Proof of identification such as Ration Cards, Election Card, PAN Card, Adhar card, Passport or any other satisfactory proof of identification acceptable to Bank.

(**Annexure 1)**

Application for Deceased Claim

(To be used when account has **nomination** clause)

From :

To :
The Branch Manager,
Shree Kadi Nagarik Sahakari Bank Ltd.
Branch :

Re: Deceased Account of Late Mr. / Mrs. / Ms. _____ Account No (s) _____

Dear Sir,
I/We advise the demise of Mr. / Mrs. / Ms. _____on Dtd. _____. He/She holds the above account(s) at your branch. The account is in the name(s) of _____.

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 Mr. / Mrs. / Ms. _____ who is the nominee in the above account(s) and is a minor as on the date of claim.

Please settle balance with accrued interest lying to the credit of the above named deceased's account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heirs of the deceased.

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

Place:
Date :

Yours faithfully,

(Claimants)

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure - 2)

INDEMNITY BOND CUM UNDERTAKING

(To be used for cases having **nomination** clause)

(To be stamped as an agreement)

THIS INDEMNITY CUM UNDERTAKING is made at _____ on this _____ Day of _____ 20__ by Mr. / Mrs. / Ms. _____ (PAN No._____), Adult by age, Hindu by religion, residing at _____ hereinafter referred to as **"The Nominee"** (which expression shall, unless it be repugnant to the meaning or context thereof, mean and include his heirs, executors, administrators, successor & assigns) of the **FIRST PART**,

IN FAVOUR OF

SHREE KADI NAGARIK SAHAKARI BANK LTD., an Urban Co-operative Bank registered under the provisions of the Gujarat Co-operative Societies act, 1961 and having its head office at "Gunj Bazar", Kadi, Dist-Mehsana and Branch at _____ hereinafter referred to as **"The Bank"** (which expression shall unless it be repugnant to the meaning or context thereof, mean and include its successors in title and assignee).

WHEREAS

1. The deceased person Mr. / Mrs. / Ms. _____ was maintaining Account(s) _____ in _____ branch of the Bank.

2. The Party of the said Indemnity Bond is Nominee appointed by the Account holder(s).

3. The Nominee has represented to the Bank that the said Mr. / Mrs. / Ms. _____ died intestate (without making any "Will") on _____ day of _____, 20__.

4. The Nominee have, under the circumstances, represented, requested the Bank to settle the balance in the account(s) in the name of the nominee.

5. I undertake that I am receiving money as a trustee of legal heirs and in future if any dispute arises in the Legal heirs of the deceased account holder regarding the same, I shall indemnify the bank against all losses, cost, damages, charges, expenses etc. and bank shall not be responsible for the same. I agree and undertake that payment to me by the Bank as a nominee shall not affect the right or claim which any person may have against the nominee to whom the payment is made.

6. I further undertake to submit death certificate with all latest KYCs of Nominee to Bank for the

said purpose.

NOW THIS DEED WITNESSTH THAT pursuant to this, the Nominee do and doth hereby undertake and agree to indemnify you and your successor and assign against all claims, demands, proceedings, losses, damages, charges, expenses which may be raised against or incurred by you by reasons or in consequence of making the balance amount in the said account(s) in the name of the nominee in place of the said deceased.

In Witness Whereof the Nominee has put his / her hand the day _____ of _____, 20____ herein above written.

Signed and delivered by the WITHINNAMED NOMINEE

_____
(Name of Nominee)

In the presence of

(1)

(2)

(Annexure 3)

Application for Deceased Claim

(To be used when account is a joint account with **survivor** clause)

From :

To :
The Branch Manager,
Shree Kadi Nagarik Sahakari Bank Ltd.
Branch :

Re: Deceased Account of Late Mr. / Mrs. / Ms. _____ Account No (s) _____

Dear Sir,
I/We advise the demise of Mr. / Mrs. / Ms. on Dtd. _____. He/She holds the above account(s) at your branch. The account is in the name(s) of _____.

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 lodge my / our claim for the balance with accrued interest lying to the credit of the above named deceased account. Please settle the balance payment in the name of survivor as per mandate. 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
Consent of Legal Heirs of Deceased

Place:
Date :

Yours faithfully,

(Claimants)

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure 4)

Application for Deceased Claim
(To be used for Accounts having **neither Survivorship Clause nor Nomination**)

From :

To :
The Branch Manager,
Shree Kadi Nagarik Sahakari Bank Ltd.
Branch :

Re: Deceased Account of Late Mr. / Mrs. / Ms. _____ Account No (s) _____

Dear Sir,
I/We advise the demise of Mr. / Mrs. / Ms. _____ on Dtd. _____. He/She holds the above account(s) at your branch. The account is in the name(s) of
_____.

I / we lodge my / our claim for the balance with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heirs of the above named deceased and lodge my / our claim for payment as per the bank's rules and discretion. The relevant information about the deceased and the legal heirs are as under.

Details of living Husband, wife, children, Father, Mother, Brothers, sisters, Grandchildren and in case of Hindu Undivided Family, the name and address of the Karta and co - Parceners is mentioned as below :

Sr. No.	Full Name	Religion	Occupation	Relationship with deceased	Age

Name or Names of the Guardian(s) of the minor children of the Depositors : _____
Whether natural Guardian : _____
Whether Guardian appointed by Court of Law in India. If so attach a certified copy or duly attested copy of such order _____
In whose custody the minor(s) is / are _____

I / We, _____,
adult by age, presently residing at _____ are

lawful claimants. I /we submit the following documents.

1.Death Certificate issued by _____
2.Identity Proof of Claimants
3.Letter of Indemnity
4.Pedhinamu / Succession Certificate / Letter of Administration / Copy of Probate issued by competent authority

I / we request you to pay the balance amount lying to the credit of the above named deceased to _____ (Legal Heirs) on my / our behalf.

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

Place:
Date :

Yours faithfully,

(Legal Heirs)

(Annexure 5)

Letter of Indemnity with respect to payment of balance in the deceased's account without production of Legal Representation

(For amount of upto Rs.500/-)

(To be stamped as an agreement)

From :

To :
The Branch Manager,
Shree Kadi Nagarik Sahakari Bank Ltd.
Branch :

Re: Deceased Account of Late Mr. / Mrs. / Ms. _____ Account No (s) _____

Dear Sir,
IN CONSIDERATION of your paying and agreeing to pay me / us.
Name of the Claimants _____
The sum of Rs. _____/- standing at the credit of saving / current / FD / RD account(s) No. _____ with your branch in the name of Lt. Mr. / Mrs. / Ms. _____. Since deceased, without production of Letter of administration or succession certificate to his / her / their estate or a certificate from Controller of Estate duty to the effect that estate duty 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 successor and assign against all claims, demands, proceedings, losses, damages, charges, 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 and Delivered,

_____
(Name of claimants)

Date :
Place :

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure - 6)

INDEMNITY BOND CUM UNDERTAKING

(To be used for Accounts having **neither Survivorship Clause nor Nomination**)

(To be stamped as an agreement)

THIS INDEMNITY CUM UNDERTAKING is made at _____ on this _____ Day of _____ 20__ by Mr. / Mrs. / Ms _____ (PAN No._____), Adult by age, Hindu by religion, residing at _____ hereinafter referred to as **"The Nominee"** (which expression shall, unless it be repugnant to the meaning or context thereof, mean and include his heirs, executors, administrators, successor & assigns) of the **FIRST PART**,

IN FAVOUR OF

SHREE KADI NAGARIK SAHAKARI BANK LTD., an Urban Co-operative Bank registered under the provisions of the Gujarat Co-operative Societies act, 1961 and having its head office at "Gunj Bazar", Kadi, Dist-Mehsana and Branch at _____ hereinafter referred to as **"The Bank"** (which expression shall unless it be repugnant to the meaning or context thereof, mean and include its successors in title and assignee).

WHEREAS

1. The deceased person Mr. / Mrs. / Ms. _____ was maintaining Account(s) _____ in _____ branch of the Bank.

2. The Party of the said Indemnity Bond are legal heirs of Late Mr. / Mrs. / Ms._____.

3. The legal heirs has represented to the Bank that the said Mr. / Mrs. / Ms. _____ died intestate (without making any "Will") on _____ day of _____, 20__.

4. The legal heirs have, under the circumstances, represented, requested the Bank to settle the balance in the account(s) in the name of the Legal heirs.

5. The Bank after obtaining the Pedhinama duly certificated by the Talati cum Mantri or any other Competent Authority, Succession Certificate, all the legal heirs agreed to do so provided the Legal Heirs of the deceased execute this Deed in favour of the Bank, which the Legal Heirs have agreed to do.

6. I/WE further undertake to submit death certificate with all latest KYCs of all legal heirs to Bank for the said purpose.

NOW THIS DEED WITNESSTH THAT pursuant to this, the Legal Heirs do and each of them doth hereby undertake and agree to indemnify you and your successor and assign against all claims, demands, proceedings, losses, damages, charges, expenses which may be raised against or incurred by you by reasons or in consequence of making payment of balance amount lying in the above mentioned accounts in place of the said deceased

In Witness Whereof the Legal Heirs has put his hand the day _____ of _____, 20____ herein above written.

Signed and delivered by the WITHINNAMED LEGAL HEIR

_____
(Name)

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure - 7)

INDEMNITY BOND CUM UNDERTAKING

(To be used for Account holder have executed **will**)

(To be stamped as an agreement)

THIS INDEMNITY CUM UNDERTAKING is made at _____ on this _____ Day of _____ 20__ by Mr. / Mrs. / Ms _____ (PAN No._____), Adult by age, Hindu by religion, residing at _____ hereinafter referred to as **"The Beneficiary(ies)"** (which expression shall, unless it be repugnant to the meaning or context thereof, mean and include his heirs, executors, administrators, successor & assigns) of the **FIRST PART**,

IN FAVOUR OF

SHREE KADI NAGARIK SAHAKARI BANK LTD., an Urban Co-operative Bank registered under the provisions of the Gujarat Co-operative Societies act, 1961 and having its head office at "Gunj Bazar", Kadi, Dist-Mehsana and Branch at _____ hereinafter referred to as **"The Bank"** (which expression shall unless it be repugnant to the meaning or context thereof, mean and include its successors in title and assignee).

WHEREAS

1. The deceased person Mr. / Mrs. / Ms. _____ was maintaining Account(s) _____ in _____ branch of the Bank.

2. The Party(s) of the said Indemnity Bond is / are beneficiaries as mentioned in the will of Late Mr. / Mrs. / Ms._____ Dtd. _____ Duly notarized before notary public / duly registered with Sub Registrar _____ under Sr. No. _____.

3. The beneficiary has / have represented to the Bank that the said Mr. / Mrs. / Ms. _____ died on _____ day of _____, 20__.

4. Lt. Mr. / Mrs. / Ms. _____ have executed a will on Dtd. _____. As per the will, the balance amount lying in the Saving / Current / Fixed deposit / Recurring Account to be bequeathed in favour of undersigned.

5. I / We have obtained Letter of Administration or Copy of Probate from the competent authority. And accordingly I request Bank to settle the balance in the account(s) in the name of the undersigned.

6. The Bank after obtaining the Letter of Administration / Copy of Probate undersigned agreed to do so provided the undersigned execute this Deed in favour of the Bank.

7. I/WE further undertake to submit death certificate with all latest KYCs of all undersigned to Bank for the said purpose.

NOW THIS DEED WITNESSTH THAT pursuant to this, the undersigned do and each of them doth hereby undertake and agree to indemnify you and your successor and assign against all claims, demands, proceedings, losses, damages, charges, expenses which may be raised against or incurred by you by reasons or in consequence of making payment of balance amount to the undersigned lying in the above mentioned accounts in place of the said deceased.

In Witness Whereof the Legal Heirs has put his hand the day _____ of _____, 20____ herein above written.

Signed and delivered by the WITHINNAMED Beneficiary

_____
(Name)

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure 8)

Application for Deceased Claim

(To be used when account is a joint account **without survivor clause**)

From :

To :
The Branch Manager,
Shree Kadi Nagarik Sahakari Bank Ltd.
Branch :

Re: Deceased Account of Late Mr. / Mrs. / Ms. _____ Account No (s) _____

Dear Sir,
I/We advise the demise of Mr. / Mrs. / Ms. on Dtd. _____. He / She holds the above account(s) at your branch. The account is in the name(s) of _____.

Please settle balance with accrued interest lying to the credit of the above named deceased's account in the name of the survivor alongwith Legal Heirs of Deceased Account holders.

I hereby solemnly affirm that the above statement are true and correct to the best of my / our knowledge and belief. 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
Pedhinamu / Succession Certificate

Place:
Date :

Yours faithfully,

(Claimants)

Witness-1
Name : _____
Signature: _____

Witness-2
Name : _____
Signature : _____

(Annexure 9)

Form of Inventory of Contents of Safety Locker Hired from Banking Company

(To be used where there is **nomination or survivorship clause**)

The following inventory of contents of Safety Locker No. _____ located in _____ Branch at _____ hired by Mr. / Mrs. / Ms. _____ (deceased) in his/her/their sole name / jointly on this _____ day of _____ 20___.

Sr. No.	Description of Articles in Safety Locker	Number of Articles of similar category	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Nominee / Survivor(s).

By breaking open the locker under his/her/their instructions. OR
Who produced the key to the locker. (Delete whichever is not applicable)

Mr. / Mrs. / Ms. _____ (Nominee) or Mr. / Mrs. / Ms. _____the survivors of the joint hirers, hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

The above inventory was taken in the presence of:

NOTE: It is made clear that access to locker is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given

_____
(Nominee)

_____
Survivors of joint hirers

Place : _____
Date : _____

In the presence of

(1)

(2)

(Annexure 10)

Form of Inventory of Contents of Safety Locker Hired from Banking Company

(To be used where there is **no nomination or survivorship clause**)

The following inventory of contents of Safety Locker No. _____ located in _____ Branch at _____ hired by Mr. / Mrs. / Ms. _____ (deceased) in his/her/their sole name / Jointly on this _____ day of _____ 20___.

Sr. No.	Description of Articles in Safety Locker	Number of Articles of similar category	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Legal heirs and survivor(s) of the locker holders.

By breaking open the locker under his/her/their instructions. OR
Who produced the key to the locker. (Delete whichever is not applicable)

Mr. / Mrs. / Ms. _____ (Legal heirs) and Mr. / Mrs. / Ms. _____the survivors of the joint hirers, hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

The above inventory was taken in the presence of:

_____
(Legal heirs)

_____
Survivors of joint hirers

Place : _____

Date : _____

In the presence of

(1)

(2)

(Annexure 11)

INDEMNITY BOND CUM UNDERTAKING

(To be used for cases other than nomination or joint account with survivor clause or holder died without intestate)

(To be stamped as an agreement)

THIS INDEMNITY CUM UNDERTAKING is made at _____ on this _____ Day of _____ 20__ by Mr. / Mrs. / Ms. _____ (PAN No._____), Adult by age, Hindu by religion, residing at _____ hereinafter referred to as **"The Legal Heir"** (which expression shall, unless it be repugnant to the meaning or context thereof, mean and include his heirs, executors, administrators, successor & assigns) of the **FIRST PART**,

IN FAVOUR OF

SHREE KADI NAGARIK SAHAKARI BANK LTD., an Urban Co-operative Bank registered under the provisions of the Gujarat Co-operative Societies act, 1961 and having its head office at "Gunj Bazar", Kadi, Dist-Mehsana and Branch at _____ hereinafter referred to as **"The Bank"** (which expression shall unless it be repugnant to the meaning or context thereof, mean and include its successors in title and assignee).

WHEREAS

1. The deceased person Mr. / Mrs. / Ms. _____ was having locker facility vide Locker No. _____ in _____ branch of the Bank.

2. The Parties of the said Indemnity Bond are legal heirs of Late Mr. / Mrs. / Ms._____.

3. The Legal Parties have represented to the Bank that the said Mr. / Mrs. / Ms. _____ died intestate (without making any "Will") on _____ day of _____, 20__ leaving the Legal Heirs as his / her / their only heirs according to the law applicable.

4. The Legal Heirs have, under the circumstances, represented, requested the Bank to allow us to open, operate the said locker and to handover the valuables lying inside the locker of the deceased mentioned above.

5. The Bank after obtaining the Pedhinama duly certificated by the Talati cum Mantri or any other Competent Authority of all the legal heirs agreed to do so provided the Legal Heirs of the deceased execute this Deed in favour of the Bank, which the Legal Heirs have agreed to do.

6. The Bank reserves right to carry on inventory and prepare a Panchnama of Articles/muddamal inside the locker and upon removal of contents/articles from locker by legal heirs/survivors in person. The liability of Bank in relation to contents of locker shall stand complete discharge.

7. I/WE further undertake to submit death certificate with all latest KYCs of all legal heirs to Bank for the said purpose.

NOW THIS DEED WITNESSTH THAT pursuant to this, the Legal Heirs do and each of them doth hereby undertake and agree to indemnify you and your successor and assign against all claims, demands, proceedings, losses, damages, charges, expenses which may be raised against or incurred by you by reasons or in consequence of Locker being operated by the Legal Heirs in place of the said deceased.

In Witness Whereof the Legal Heirs has put his hand the day _____ of _____, 20____ herein above written.

Signed and delivered by the WITHINNAMED Legal Heirs

_____
(Name)

_____
(Name)

In the presence of

(1)

(2)