<u>APPLICATION FOR DECEASED CLAIM</u>
(To be used when account has nomination or is a joint account with survivor clause)

From	
То	
The Branch Deccan Gra	Manager, meena Bank,
	Branch.
Dear Sir,	
ŕ	
Reg	Deceased Account Late Shri/Smt.
	Account No.(s)
	the demise of Shri/Smt.
	. He/She holds the above account(s) at your branch. The account is
in the name	(s) of
A. In ca	ase of Nomination
I,	son/daughter of Shri
	residing at
	am
(i)	the registered nominee in the above account(s).
(ii)	the person authorised 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 proof (required in nomination cases)	
Place	:	Yours faithfully,
Date:		100101011111111111111111111111111111111
		[Claimant(s)]

<u>APPLICATION FOR DECEASED CLAIM</u>
(To be used for cases other than Nomination / joint account with survivor clause)

From
То
The Branch Manager, Deccan Grameena Bank,
Branch.
Dear Sir,
Reg: Deceased Account Late Shri/Smt Account No.(s)
I/We advise the demise of Shri/Smt
on He/She holds the above account(s) at your branch. The account(s)
are in the name of
I/We lodge my/our claim for the balances 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:
1. Names in full of the parents of the deceased :
Father:
Mother :
2. Religion of the deceased :

3.	Details of living (i) Husband; (ii) Wife; (iii) Children; (iv) Father; (v) Mother; (vi)				
	Brothers; (vii) Sisters; (viii) Grand Children. If Hindu Joint Family, the name and				
	address of the Karta and Co-parceners with their respective ages.				

Full Name / Address	Occupation	Relationship with Deceased	Age
	_		
Name or Names of the Gu	ardian/s :		
of the minor children of the	ne Depositor		
(a) Whether Natural Guard	dian :		
(b) Whether Guardian app	oointed:		
by a Court of Law in	India.		
If so, attach a certified Or duly attested copy			
Of duty attested copy	of such ofuct.		
(c) In whose custody the	:		
Minor/Minors is / are?	1		
Claimant/s name/s and add	dress in full:		

I/We submit the following documents. Please return the original death certificate to us after verification.

- 1. Death Certificate (Original + 1 photocopy) issued by _____
- 2. Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased to				
	on my/or	ur behalf.		
I/We hereby solemnly affirm my/our knowledge and belief		nts are true and correct to the best of		
Place :		Yours faithfully,		
Date :		Signature of Claimant(s)		
(i) Name of Claimant	Address	Signature		

<u>INDEMNITY FORMAT</u>
(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**

The Branch Manag	ger,	
Deccan Grameena		
	Branch.	
IN CONSIDERAT	TON of your paying or agreeing t	to pay me/us.
Insert here the Name(s) Claimants	3)	
The sum of Rupees Savings Bank/Curr	sent/R.D.Account No. etc	standing at the credit o
his/her estate or a has been paid or w heirs, legal represe AND AGREE to i proceedings, losses	Certificate from the Controller of the paid or none is due, I/we entatives, executors and administ andemnify you and your successes, damages, charges and expenses	dministration or a Succession Certificate to Estate Duly to the effect that estate duly do hereby for myself/ourselves and my/ourators, jointly and severally UNDERTAK ors and assign against all claims, demands which may be raised against or incurred by greed to pay/or paying me/us the said sum a
SIGNED AND DE By the above name	ed on this	
Day of		two thousand
SIGNED AND DE the above named	LIVERED by	
1	2	3
4	5	6
(heirs / claimants o	f the deceased)	

ANNEXURE-6

RECEIPT

Received with thank	s from Deccan	n Grameena Bank,	branch, a
sum of Rs	(Rupee	s	
only) by Banker's C	heque No	, dated	in favour
of settlement of my	our claim as s	successor on the balance in	Account(s)
No.(s)		standing in the name of the deceased	Shri/Smt./Kum.
		I/We do not have any o	other claim from
the Bank henceforth			
Place :			
Date:			
		` •	all the legal heirs Revenue Stamp)
		re settled in favour of a Minor	1 1: 0
		father and nat	
		hereby certify that the proceeds of your E	
		favouring	
issued by you in se	ettlement of the	e balance in account number	of Late
		will be utilised for the benefit of the n	ninor only.

ANNEXURE-7

OPINION REPORTS ON THE SURETY

1.	Name in full	:
2.	Address	:
3.	Academic Qualifications	:
4.	Age	:
5.	Occupation (If employed, please state the name of the employer and since when employer are since when	
6.	Present monthly income /salary (Attach the Salary Certificate, if income is by way of salary)	:
7.	Number of Dependents	:
8.	Personal Assets	:
	A) Immovable property viz. land/ Building/flat etc. give details- Acquisitions, present value, etc.	:
	B) Investments (Fixed Deposits, Shares, etc. if any	:
	C) Life Insurance Policies, if any	•
	D) Other Assets	:
	E) Details of bank accounts, if any (Name and Address of bankers with account numbers (Current/Savings) to be furnished	:

9.	Personal Liability if any :
10.	Please indicate whether surety is related to the claimants (Yes / No)
11.	Period for which claimants are known:
	arm that all the statements made by me in this application are true and correct and have nade by me.
Place	
Date :	SIGNATURE OF THE SURETY
Rema	ks of the Branch Manager
Date :	BRANCH MANAGER

I/We ((1), son of
	and (2),
son of	residing at (1)
	and (2)
	do hereby take oath* / solemnly affirm and say as follows:
1.	That Shri/Smt./Kum (Hereinafter
	ed to as the deceased) died intestate on at
2.	That we know the deceased and his/her family since the last
person	That at the time of his/her death the deceased left surviving him/her the following as, who according to the law by which they are governed, are the only legal heirs of the sed entitled to succeed to the estate of the deceased on an intestate succession.
Sl.No.	Name Age Relationship with the Deceased
1)	
2)	
4)	
	we are not related in any manner whatsoever to the deceased or any of the above oned persons, nor we have any claim or interest of whatsoever nature in the estate of the sed.
	That we are informed and we verily believe that the deceased has left certain deposits*/with Deccan Grameena Bank, branch, to which the above oned persons are entitled to claim.

6. That v	we are making this	solemn declaration	sincerely and conscientiously believing	the 5
same to be tr	rue and wit full known	owledge that it is	on the strength of this declaration that	the
Deccan Gram	neena Bank,	-	branch, has agreed at our reques	st to
make paymer	nt of the amounts of	of the deposits / to	deliver the assets to the above mention	oned
		-	f a grant of legal representation to the es	
of the decease	ed from a competen	t Court.		
	-			
Sworn / Soler	nnly affirmed			
	day of		1	
present of			2	
~				
SEAL			JUDGE / MAGISTRATE / NOTARY	Y

(To be stamped as per the Stamp Act applicable to the State) <u>LETTER OF DISCLAIMER</u>

	Branch Manager, an Grameena Bank,		
	Branch.		
Dear	Sir,		
Re:	Account No	in the name of Late Slance Rs	
With	reference to the above account(s), I/	we following legal heirs of the late S	hri/Smt./Kum.
		(Name of the dece	eased account
holde	er) have to advise that we have no in	nterest in the above assets and as suc	h we have no
objec	etion to your paying the balance amou	nt lying in the above account(s) with you	ou in the name
of the	e aforesaid Late Shri/Smt./Kum		(Name of the
decea	ased account holder) to Shri/Smt./Kun	n. (1)	
(2)		such del	ivery of the
paym	ent of the balance in the above accou	int(s) would be completely binding on u	us and we will
not q	question the Bank's action in doing	so if any proceedings. I/We also	under to bind
ourse	elves, our heirs and legal representativ	res not to revoke the declaration made h	nerein.
Sl.No	Name(s) of the Claimant(s	S) Age	Signature
1			
2			
5			
		Two thousand	

Seal

Notary Public / Magistrate