



BRANCH : _____

APPLICATION FOR DEATH CLAIM SETTLEMENT

1. Member Customer Details (Deceased)			
a. Name & Age			
b. Address			
c. Status		Single <input type="checkbox"/> Married <input type="checkbox"/>	
2. Date & Place of Death of Customer (Authenticated death certificate to be enclosed)		Date :	Place :
		Certificate No.:	Issuing Authority :
3. Account(s) held by the Customer			
a. Nature of Account(s) such as SB/FD/CC, Locker/JL/Mortgage Loan /others.,			
b. Deposit amount / Loan amount			
c. Balance in the accounts			
4. Claimant(s)			
Name	Age	Relationship to the deceased	Occupation and Address
5. Proof of claimant's title		1. Nominee <input type="checkbox"/> 2. Succession Certificate <input type="checkbox"/> 3. Probate <input type="checkbox"/> 4. Letter of Administration <input type="checkbox"/> 5. Legal heirship Certificate <input type="checkbox"/> 6. Settlement Deed / Gift <input type="checkbox"/>	

I/We hereby solemnly affirm that all the particulars furnished above are true that no part of it is false and that no information / particulars have been concealed and that I am/we are the only heir(s) and/or legal representative of the deceased and there is no other claimant respect of the amount(s) claimed herein.

Place :

Signature of Claimant(s)

Date :

Sureties : (Photo ID copy to be produced)

1. **Signature** :

Name :

Occupation :

Age :

Address :

Mobile No :

2. **Signature** :

Name :

Occupation :

Age :

Address :

Mobile No :

Branch Heads' Report :

Note : Before giving the report, the Branch Head should,

- See that all the columns in the claim form are filled in with specific answers
- Check up and certify as to the correctness of the particulars furnished in column 3 of the form
- Check up originals and obtain copy of all the documents required

Date:

Signature of Branch Head

INSTRUCTIONS FOR FILLING UP THE CLAIM FORM

1. All the column should be filled in with specific answers.
2. The form should be signed by all the heirs/claimants of the deceased.
3. If there are minor heirs/claimant(s) they should be represented by their legal guardian
4. If any of the heir(s) claimant(s) sign in any language other than the language(s) in which the claim form is printed or affix his/her thumb impression, the same should be duly attested be a Magistrate/Notary Public under his official seal.



Application for Deceased claim
(To be used when account has nomination or is a joint account with survivor clause)

From

To
The Branch Head,
RepcO Bank,
_____ Branch

Dear Sir,

Sub: Claim settlement of Deceased / Missing Person Mr / Ms.

I/We submit that the deceased / missing person Mr / Ms. _____ holds
the following account(s) / Locker at your branch.

A. In case of Nomination

I,.....spouse / son/daughter of Mr/ Ms.
.....residing at

(Strike out whichever is not applicable)

- the registered nominee in the above account(s) / Locker
- 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 / contents of the locker as trustee(s) of the legal heirs of the deceased / missing person.

B. In the case of joint account

(Strike out whichever is not applicable)

- I/We request you to delete the name of deceased / missing person and continue the account / locker in my / our name(s) with the mode of operations _____
- I/We request you to close the accounts / locker of the deceased / missing person. Please settle the balance in the account in my / our name / hand over the contents of the locker to me / us.

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

Place:

Yours faithfully

Date:

(Claimant(s))

Name :

Address :

Mobile No. :



Application for Deceased claim

(To be used for cases other than Nomination / joint account with survivor clause)

From

To

The Branch Head,
RepcO Bank,

_____ Branch

Dear Sir,

Sub: Claim settlement of Deceased / Missing Person Mr / Ms.

I/We submit that the deceased / missing person Mr / Ms. _____ holds the following deposit accounts(s) / Jewel loan accounts / Mortgage Loan accounts / Locker at your branch.

I/We lodge my/our claim for the balances with accrued interest in the deposit account(s) / release of the Jewels / original property documents / contents of the locker of above named deceased who died intestate / missing person.

I/We am/are the legal heirs of the above named deceased / missing person and lodge my/our claim for payment as per the bank's rules and discretion.

The relevant information about the deceased / missing person 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 legal heir (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
(i)	_____	_____	_____	_____
(ii)	_____	_____	_____	_____
(iii)	_____	_____	_____	_____
(iv)	_____	_____	_____	_____
(v)	_____	_____	_____	_____
(vi)	_____	_____	_____	_____

4. Name or Names of the Guardian/s of the minor Children of the Depositor : _____

(a) Whether Natural Guardian : _____

(b) Whether Guardian appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order : _____

(c) In whose custody the Minor/Minors is/are? : _____

5. Claimant/s name/s and address in full

(i) _____

(ii) _____

(iii) _____

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
3. Succession Certificate
4. Probate
5. Letter of Administration
6. Settlement / Gift Deed
7. Legal Heirship Certificate

Two Witness : {Any reliable person known to the deceased / family for the past (min) 5 years }

Signature	:		Signature	:	
Name	:		Name	:	
Occupation	:		Occupation	:	
Age	:		Age	:	
Address	:		Address	:	

Mobile No	:		Mobile No	:	
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I/We request you to pay the balance amount lying in the deposit / hand over the Jewel / original property documents / content of the locker pertaining to the above mentioned account in respect of the deceased / missing person to the undersigned namely..... Which you have agreed to do on the faith and strength of and relying on my / our above representation and my/our executing such indemnity in your favour.

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

Place:

Yours faithfully

Date :

Signature of Claimant(s)

CONSENT LETTER

From

Place :

Date :

To
The Branch Head,
Repc Bank,
_____ Branch

Dear Sir,

Sub : Claim for payment of balance in the Account(s) / release of Jewels /
Property documents / Locker of deceased / missing person Mr/Ms. _____

With reference to the account(s) / locker as mentioned in Application form, I/We the legal heirs of the late Mr./Ms. _____ (name of the deceased account holder / missing person) have to advise that we have no objection of paying the balance amount / handing over the Jewels / original property documents / contents of locker lying in the above account(s) / locker with you in the name of the aforesaid Mr./Ms. _____ (name of the deceased account holder / missing person) to Mr/Ms..... (person who is receiving the proceeds).

S.No.	Name	Age	Relationship to the Deceased

The payment of balance amount(s) / contents of Jewels / Locker / original Property document claimed under the above the account(s) forms part of the assets of the deceased.

I/We am/are entitled to a share in his/her assets.

Such delivery of the payment of the balance in the above account(s) / handing over the locker contents would be completely binding on us / ourselves / our heirs / legal representatives and we shall not make any claim against the Bank, in future, in respect of the account(s) / Locker and/or the amount so paid / contents of the Locker handed over to Mr./Ms.....

I/We also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

I/We agree to keep the Bank indemnified of any risk in this connection and also undertake not to make any claim at a future date in this regard.

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

Yours faithfully

In the case of thumb impression / signature in any language other than the language(s) in which the claim form and other papers are printed, the same should be duly attested by a Magistrate or Notary under his official seal. While doing so, the attesting official should state that the contents have been explained to and understood by the signatory.

Identity Card for Claimant(s)

Name of the deceased :

1	2	3	4
Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant
(Signature)	(Signature)	(Signature)	(Signature)

5	6	7	8
Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant
(Signature)	(Signature)	(Signature)	(Signature)

The claimants who are personally known to us and whose photos are affixed above have signed the claim form in our presence and also signed in this card in our presence on _____ at_____.

Witnesses :

Stamp / Passport size photograph of the Witness
(Signature)

1. Name & Address

Stamp / Passport size photograph of the Witness
(Signature)

2. Name & Address

Form of Inventory of Contents of **Safety Locker**
(To be used where there is Nomination or Survivorship clause)

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____.

- ❖ Hired by Mr/Ms. _____ (deceased) in his/her sole name.
- ❖ Hired by Mr/Ms. (i) _____ (deceased)
(ii) _____ (jointly)
(iii) _____

Was taken in this _____ day of _____ 20__.

S.No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Nominee / and the surviving hirer;

(strikeout whichever is not applicable)

- By breaking open the locker under his / her / their instructions.
- Who produced the key to the locker.

The above inventory was taken in the presence of

1. Mr/Ms. _____ (Nominee) -----
Address (Signature)

AND / OR

(i) Mr/Ms. _____ (Survivor of joint heirs) -----
Address (Signature)

(ii) Mr/Ms. _____ (Survivor of joint heirs) -----
Address (Signature)

2. Witness(es) with name, address and signature :

Mr/Ms. _____ -----

Address (Signature)

Mr/Ms. _____ -----

Address (Signature)

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.

Mr/Ms. _____ (Nominee) Mr/Ms. _____ (Survivor)

Signature

Signature

Mr/Ms. _____ (Survivor)

Signature

Date :

Place :

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.

Form of Inventory of Contents of **Safety Locker**

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

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____.

- ❖ Hired by Mr/Ms. _____ (deceased) in his/her sole name.
- ❖ Hired by Mr/Ms. (i) _____ (deceased)
(ii) _____ (jointly)
(iii) _____

Was taken in this _____ day of _____ 20__.

S.No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s) / a person mandated by the legal heir(s) and surviving hirer;

(strikeout whichever is not applicable)

- By breaking open the locker under his / her / their instructions.
- Who produced the key to the locker.

The above inventory was taken in the presence of

Legal heirs of deceased joint hirer(s) / person mandated by legal heir(s)

1. Mr/Ms. _____

(Signature)

Address

Mr/Ms. _____

(Signature)

Address

AND

Mr/Ms. _____ (Survivor of joint heirs) (Signature)
Address

Mr/Ms. _____ (Signature)
Address

2. Witness(es) with name, address and signature :

Mr/Ms. _____ (Signature)
Address

Mr/Ms. _____ (Signature)
Address

ACKNOWLEDGEMENT

* I, Mr/Ms. _____ legal heir / mandate holder

* We, Mr/Ms. _____ legal heirs and Mr/Ms. _____ surviving heirs 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.

(*Delete whichever is not applicable)

Mr/Ms. _____ (Legal heir / Mandate holder)

Mr/Ms. _____ (Survivor)

Mr/Ms. _____

Signature

Signature

Mr/Ms. _____(Survivor)

Signature

Date :

Place:

(To be stamped with the duly payable for affidavit & Indemnity bond)

AFFIDAVIT CUM INDEMNITY LETTER

In respect of payment of balance in deposit accounts / contents of safe deposit locker / release of Jewels / Property documents of deceased person / missing person

I / We Mr/Ms. _____ (name/name of the claimants), (S/o,w/o,d/o)_____aged _____ years residing at _____ do hereby solemnly affirm and state as follows.

1. I/We am/are the legal heirs of Mr/Ms._____ (name of deceased account holder) and the deceased is my/our (father/mother/spouse/son/daughter/..... etc.).

OR

I/We am/are the legal heirs of Mr/Ms._____ (name of missing account holder) and he / she is my/our(father/mother/spouse/son/daughter/..... etc.)

I/We confirm that the missing person never contacted us or other family members nor are we in the know of his/her existence.

The missing person has not been traceable and hence presumed dead under the provision of the law, and has left no will.

2. I/We further state that I/We the following legal heirs is / are the only legal heir(s) entitled to claim the balance deposit amount / jewels / original title deed and other valuable the contents held in the locker/safe custody:

No.	Name	Age	Relationship to the deceased

3. I/We further state that the deceased was holding the following accounts with Repco Bank _____ branch

(Mention the accounts)

4. I/We affirm that I/We am/are the sole legal heirs of the deceased / missing who are entitled to received the amount standing in the credit of the account belonging to the deceased.

5. I/we have requested Repco Bank to make the payment of the amount standing in the credit of the account belonging to the deceased / missing person together with interest thereon as applicable to Mr/Mrs _____ being one of the legal heirs for and on behalf of all the legal heirs.

OR

I/We have requested Repco bank to hand - over contents of the safe deposit locker / Jewels / Property documents to Mr/Mrs. _____ being one of the legal heirs for and on behalf of all the legal heirs.

6. In the absence of Letter of Administration / Succession certificate, Repco Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased / missing person.

7. I/We for ourselves and my/our respective heirs, executors, administrators and sureties jointly and severally agree, affirm and undertake that the bank, its successors and assigns directors and its managers, agents, officers and servants and their respective estates and effect are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses, demands and all future claims whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody. Without prejudice to the foregoing I/We further jointly and severally confirm that in case any claim is received by the Bank in respect of the amounts and / or the articles, effects and things, then on the written demand of the Bank, and without protest or demur, I/we shall deposit the same with the Bank.

All the averments made herein before are true and correct and I/We put my/our signature/mark on this _____ day of 20__ at _____ in the presence of _____.

Signature(s) of deponents / Claimants

Signature of Witness

Declaration in case funds are settled in favour of a Minor

I, _____ father / mother / natural guardian of _____ hereby certify that the proceeds of your Banker's Cheque No. _____ dated _____ favoring _____ issued by you in settlement of the balance in account number _____ of Late _____ will be utilized for the benefit of the minor only.

Place :

Signature of guardian

Date :