MAHARASHTRA GRAMIN BANK H. O.: SHIVAJINAGAR, NANDED

LEGAL CELL



FORMATS -DECEASED CLAIMS

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<u>Settlement of Claims in respect of deceased Depositors</u> <u>Check-list of Documents</u>

	Claims	Documents obtained Yes / No
1.	Accounts with Nomination Clause:	
	(i) Application for Deceased Claim from Nominee (Annexure-3):	
	(ii) Copy of death certificate (Verified with Original)	
	(iii) Identity proof (as defined in Para-5)	
2.	Joint Accounts with Either or Survivor Clause:	, , , , ,
-	(i) Application for Deceased Claim from survivor(s) (Annexure-3)	
	(ii) Copy of Death Certificate (Verified with Original)	
3.	For cases other than Nomination/Joint Accounts with Survivor Clause: (For amounts up to Threshold Limit)	
	(i) Application for Deceased Claim (Annexure-4)	
	(ii) Copy of death certificate	
	(iii) Letter of Indemnity signed by claimant(s) (Annexure-5)	
4.	Receipt (Annexure-6)	

ANNEXURE - 3

APPLICATION FOR DECEASED CLAIM

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

account(s) and is a minor as on the date of the Please settle the balance in the account in the name trustee(s) of the legal heirs of the deceased.	
The Branch Manager, Maharashtra Gramin Bank Branch: Dear Sir, Reg. Deceased Account of Late Shri/Smt. A/c No (s) I/We advise the demise of Shri/Smt. He / She holds the above account(s) at your branch. The account are siding at a minor as on the date of the please settle the balance in the account in the name 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 same mode of operations. I/We submit photocopy of the following document(s) to	
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	nd continue the account in my/our name(s) with
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Death Certificate issued by	ther with originals. Please return the original to
Identity proof (required in nomination cases)	ther with originals. Please return the original to
	ther with originals. Please return the original to
Place:	ether with originals. Please return the original to Yours faithfully, {Claimant(s)}

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APPLICATION FOR DECEASED CLAIM

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e Branc	ch Manager,			•	
	tra Gramin Bank				
ar Sir,					
	ceased Account c No (s)	of Late Shri /Smt			
Ve advi	ise the demise of	Shri/Smt.		on:	.
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Sr No.	Full Name/Address	Occupation	Relationship with Deceased	Age
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...Contd. Page 2

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				You	ırs faithfully,	•
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*****		***********			on my/our t	ehalf.
e rec	quest you	to pay the b	alance amount l	ying to the cre	edit of the ab	ove named decease
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	ibmit the iderification.	nowing docu	ments. Please ret	mit nic Otigniai	doam commo	
iii.			Diago ant	um the evisional	death certific	ate to us
ii.	<u> </u>					
i.				·	<u></u>	
Cla	aimant/s na	me/s and add	ress in full	•		
c.	in whos	custody the	Minor/Minors is/	mv.		
_	·		l copy or duly atte	•	ich order:	
		Guardian app	pointed by Court	of Law in India	la La la cuellani	
b.	Whether	Guardian ant				

Sr No.	Name of Claimant	Address	Signature
1.			
2.			
3.			
4.		•	
5.			

Affidavit cum Indemnity Letter

In respect of payment of balance in deposit accounts / contents of safe deposit locker/ safe custody articles of deceased person;

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

I/We Mr./Ms./I	Viss
(Name/s of the	claimant/s),
(s/o, w/o, d/o),	
Address:	

Age:

do hereby solemnly affirm and state as follows:

- 1. I/We am/are the legal heirs of Mr./Ms/Miss
 (Name of deceased account holder) and the deceased is my/our
 (Father/mother/wife/husband/son/daughter etc.)
- 2. I/We further state that I/We the following legal heirs are the only legal heirs entitled to claim the balance deposit/amount /jewels/ ornaments and other valuables the contents held in the locker/safe custody:

Sr. No.	Name	Age	Relationship to the deceased
1.			•
2.	\		
3.			
4.			
5.	. '		

3.	I/We further state that the deceased was holding	ng an account (herei	
	account") (specify the account details)	in	branch o
	bank (herein after referred to a	s "the Bank"). At th	e time of the death of the
	deceased the account was having a credit of Rs_	(balance am	ount in the account) which
	includes interest up to (date of payr	nent) amount to Rs	(amount being
	now paid).	•	

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

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I/We have requested the bank to make the payment of the amount standing in the credit of account belonging to the deceased together with interest thereon as applicable to shri / sn being one of the legal heirs for and behalf of all the legal heirs. OR I/We have requested the bank to hand-over contents of the safe deposit locker/items held in st custody to Shri/Smt			-2-	44 a ₁		
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I/We have requested the bank to hand-over contents of the safe deposit locker/items held in state custody to Shri/Smt	behalf of all the legal heir	§.		: .		
I/We have requested the bank to hand-over contents of the safe deposit locker/items held in state custody to Shri/Smt			OR			
custody to Shri/Smt						
agree to indemnify the bank in respect of such payment or delivery of the contents of items in sedeposit locker or held in safe custody against any claim made by any person for the amoust standing to the credit of the account of the deceased. I/We for ourselves and my/our respective heirs, executors and administrators jointly and several agree, affirm and undertake that the bank, its successors and assigns and its managers, agen officers and servants and their respective estates and effects are and shall from time to time and all times hereafter be kept safe and saved harmless and indemnified for and in respect of su payment and against all actions, losses, cost, charges, expenses and demands whatsoever respect of the said payment or delivery of the contents of items in safe deposit locker or held safe custody. I the averments made herein before are true and correct and I/We put my/our signature/mark on the deceased. Signatures(s) of deponents (Claimant and the presence of	custody to Shri/Smt.					
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RECEIPT

Received with thanks from Maharashtra C	branch, a sum of Rs.					
(Rupees		only)	by	Banker's	Cheque	No
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of		·				
In full and final settlement of my/our claim	as successor o	on the balance	in		·····	
Account(s) No(s)	standing in	the name of				
the deceased Shri/Smt/Kum.		· ·				I/We
do not have any other claim from the Bank	henceforth.					
Place :						
(Signature of all the legal heirs over a reve	nue stamp)					.38
Declaration in case funds are settled in f	avour of a Mi	nor				
I, father an	d natural guard	lian of		-45	hereby o	ertify
that the proceeds of your Banker's Cheque					-	
issued by you of Late	in settlemen	t of the 1	alan	ce in acc		
for the benefit of the minor only.						

Form of Inventory of Contents of Safety Locker Hired from Banking Company (Section 45ZE (4) of the Banking Regulation Act, 1949) (To be used where there is nomination or survivorship clause)

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Signature	•	Sign	nature	•		
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Shri/Smt.			9.2			
(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.