



The Payyanur Co-operative Town Bank Ltd. No. C.827

Application for Deceased Claim

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

From

.....
.....
.....
.....

To

The Branch Manager,

The Payyanur Co Operative Town Bank Ltd No C 827

.....Branch

Dear Sir,

Reg.: Deceased Account

Late Shri/Smt

AccountNo(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/ Smt 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 the 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:

{Claimant(s)}



The Payyanur Co-operative Town Bank Ltd. No. C.827

Application for deceased claim
(To be used when account has no nomination)

Address: _____

Date: _____

To

The Payyanur Co Operative Town Bank Ltd No C 827

.....Branch

Dear Sir/s,

Sub: Full Name of the Deceased _____

I/We regret to inform you that _____

(Shri/Smt/Kum)

who was having an account/locker with your _____ Branch died

_____ intestate _____ leaving his

last will and testament dated _____ whereof we

_____ are the executors, at _____



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(Name of the executor)

(Place of death)

on _____ leaving behind the within mentioned persons as the only surviving legal heirs according to the Law of Intestate succession applicable to _____ by

(Hindu/Muslim/Parsi etc.)

which Law he/she was governed at the time of his/her death.

I/We beg to give here below the information required by you and shall thank you to pay the balance amount/ handover articles, in the Safe Custody Account / contents of the locker to _____

(Name of signatory who to pay/hand over)

on my/our behalf, without insisting on production of legal representation to the estate of the deceased.



1. Full Title of the Account :
2. Nature of the Account viz
Current, Home savings,
Fixed Deposit, MMDC etc.
Safe Custody, Locker with
Numbers :
3. Due date of Deposit :
4. Amount claimed :
5. a. Document in proof of deposit/
safe custody/locker, Locker Key
(Pass Book, Deposit Receipt etc.) :
- b. Whether document/locker key
is in the possession of the
claimant ? If not, why not ?
Where is it ? :
6. a. Has the deceased left any will ? :
- b. Has any probate / Letter of
Administration or Succession
Certificate to the estate of the
Deceased been obtained? :
- c. Executors / Administrators/
Successors of/to the estate
of the deceased :



The Payyanur Co-operative Town Bank Ltd. No. C.827

NAME

OCCUPATION

- | | | |
|------|-------|-------|
| i) | _____ | _____ |
| ii) | _____ | _____ |
| iii) | _____ | _____ |
| iv) | _____ | _____ |

Address _____



The Payyanur Co-operative Town Bank Ltd. No. C.827

7. Documents enclosed for registration and return:

(Please furnish Original along with Xerox copy for Bank's record)

i) Municipal Death Certificate :

ii) Legal Representation to the
estate of the deceased
(see 6 (b) above) :

iii) _____

iv) _____

8. Religion and Caste of Depositor :

9. Permanent residence of
Depositor / Locker holder :

10. Date & Place of Death :

11. Details of Surviving Heirs Husband / Wife / Children / Parents / Brothers / Sisters.

If Hindu Joint Family, the names and address of the Karta and Co-parceners with their respective ages.

Full Name / Address

Relationship with deceased

Age

a.

b.



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c.

d.

e.

f.

g.



12. Name or Names of the Guardian :
of the minor children of the
depositor

a) Whether Natural Guardian :

b) Whether Guardian appointed
under the Guardians and Ward
Act. If so, attach a certified
Copy or duly attested copy
of such order :

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

13. Is the amount/articles in Safe
Custody Account / contents of
Locker claimed the self-acquired
Or ancestral property of the
Deceased :

14. Claimant's own name, parentage
Caste and address in full :

a.

b.

c.

15. Proof of claimant's title of the
Monies / articles contents :

16. Relationship of claimant(s) to
the deceased depositor :



17. Are there any other Claimants?

If so, their names, particulars

and nature of claim :



18. The following two persons have
agreed to sign the Indemnity
Bond as Sureties jointly with
all the surviving legal heirs
of the Deceased. :

i) Name :
Address :
Occupation :
Banker's Name:

ii) Name :
Address :
Occupation :
Banker's Name :

I/we hereby solemnly affirm that the above statements are true, that none of them nor any part of any of them is false and that nothing has been cancelled therein and that I am/we are the only executors and beneficiaries competent to contract/heir(s) and legal representative(s) of the deceased and there is no other claimant to the amount(s)/articles and the Safe Custody Account/Contents of Locker mentioned hereinabove.

Yours faithfully,

Signature of Claimant(s)

Encl: 1. Pass Book
2. Death Certificate
3. Unused Cheques
4. Deposit Receipt
5. Key of the locker



LETTER OF INDEMNITY

To be executed by all the major legal heirs of the deceased and two Sureties of substantial worth

The Payyanur Co Operative Town Bank Ltd No C 827

.....Branch

Dear Sirs,

Re: _____ A/c No. _____ / Locker No. _____

_____ in the name of _____

1. We regret to inform you that Shri/Smt./Kum. _____ who was maintaining the above _____ A/c No. _____ / Locker No. _____ at your _____ branch in his/her single name, died intestate at _____ on _____.
2. We have further to inform you that he/she left behind him/her surviving as his/her only heirs and next-of-kin the following _____
(name of heirs & next of kin)
according to the Law of Intestate Succession, applicable to _____ by which Law he/she was governed at the time of
(Hindu, Muslim, Parsi, etc)
his/her death.
3. We have further to inform you that the balance standing to the credit of the _____ Account No. _____ is Rs. _____/- that there are articles lying in the Safe Custody Account No. _____/- that there are contents of Locker No. _____ in the name of the said deceased.



The Payyanur Co-operative Town Bank Ltd. No. C.827

4. We have therefore approached you with a request to pay the aforesaid sum lying to the credit of the _____Account/hand over the articles lying in the said Safe Custody Account / Contents of the said Locker as mentioned above, to the undersigned Smt. / Shri_____

(Name of person whom to pay/handover)

(The person should be from amongst signatories only)

on our behalf without insisting on production of legal representations and you have kindly agreed to do so on our executing an Indemnity as is herein contained and on relying on the information herein given by us and believing the same to be true.



5. In consideration therefore, of your having at our request agreed to pay the balance standing to the credit of the aforesaid account/handing over the articles in the Safe Custody Account / Contents of the Locker to the undersigned

_____ we, the undersigned

(Name of same person whom to pay/handover)

_____ and _____

(name of heirs & next of kin)

(name of two sureties)

_____ hereby jointly and severally agree and undertake to indemnity and keep indemnified, saved, defended, harmless you and your Successors and Assigns for all times hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc. whatsoever which you may suffer and or incur by reason of your at our request paying / handing over as mentioned hereinabove to the undersigned

(name of same person whom to pay/handover)

the aforesaid balance of Rs. _____ standing to the credit of the aforesaid account / articles lying in the said Safe Custody Account / Contents of the said locker without insisting on production of legal representations.

Yours faithfully,

NAME OF HEIRS & NEXT OF KIN

SIGNATURE

1. _____

2. _____

3. _____



The Payyanur Co-operative Town Bank Ltd. No. C.827

4. _____

5. _____

NAME OF SURETIES

1. _____

2. _____



DRAFT OF THE AFFIDAVIT

(On Non judicial stamp paper of adequate value)

I/WE-----S/O,W/O,D/O-----

--Indian inhabitants-----aged-----residing at-----

- ----- do here by solemnly and sincerely affirm/swear and state as follows:

1. Mr./Mrs./Miss.-----died on-----

**----at-----We state that I/We have requested The Payyanur Co
Operative Town Bank Ltd No C 827.....Branch to pay to me / us
amounts lying in the account/s of the deceased Mr./Mrs./Miss-----**

-----which are as follows:

Account

Amount (Rs.)

1)

2)

The declaration is being made to enable the Bank to settle my/our claim in respect of the above account.

I/ We the below named person/s, is/ are the only legal heirs/ legal representative/s surviving the deceased:



The Payyanur Co-operative Town Bank Ltd. No. C.827

Name	Age	Relationship with the deceased.
1.		
2.		
3.		
4.		
5.		
6.		



I/We further declare that:

- i) The deceased died without leaving a WILL or the deceased has left a WILL dated - -----being his/her last and only will and testamentary disposition whereby the claimants mentioned herein have been bequeathed with the amounts shown hereinabove(Applicable only where obtaining of a probate from a court of law is not compulsory)**

- ii) Apart from the persons mentioned in the claim form submitted by us to the bank and whose names are stated herein above, the deceased has not left any other legal heir/legal representative/s.**

(Signature of all the legal heir/s/legal representative/s)

Solemnly affirmed at the.....

Day of..... 20

BEFORE ME

(SEAL)

Notary/Magistrate



In consideration of The Payyanur Co Operative Town Bank Ltd No C 827 (herein after called the “Bank”)having agreed to pay the undersigned-----

in habitant/s of _____ the amount of Rs. _____
(Rupees.) lying
to the credit of Current account No.-----/Savings Bank No.-----
/Deposit account no.-----in the name of-----
with the-----Branch of the said bank on the strength of representation
made by the said-----as the only surviving heir/s/legal
representative/s of the said----- (who died on-----) that he/she/they is/are solely
entitled to the same without insisting on succession certificate/probate/letter of
administration or other legal representation to the estate of the said deceased or a
certificate from the Controller of Excise Duty to the effect that the estate duty has been
paid or will be paid or none is due.

I/We, the undersigned as principals and
as sureties

for themselves, their heir/s, executors and administrators do hereby covenant from time to time and at all times, hereafter to save, defend and keep harmless and indemnified the said bank, its successors and assigns of from and against all actions, suits, proceedings, accounts, claims and demands for or in respect of the said monies on the part of any persons or firms claiming under in the right of the said (name of the deceased)-----
-----and from against all costs, damages and liabilities in connection there with.



Signed and delivered by the within named

-----as principals

and-----

----- as sureties

At-----this-----day-----of-----two thousand and-----

--

--in the presence of-----

SEAL

NOTARY/MAGISTRATE



DECLARATION OF OATH

We, Shri/Smt. _____ residing at
_____ do hereby solemnly affirm and state as under :

1. That Shri/Smt. _____ the husband/wife of
(name of deceased)
the above name deponent Shri/Smt. _____ and the
father/mother of _____ the above named
deponents, died intestate at _____ on _____.
2. That he/she left behind him/her surviving the following persons as his/her only heirs
according to the Law of Intestate Succession applicable to _____
_____ by which Law
(Hindu, Muslim, Parsi, etc.)
he/she was governed at the time of his/her death :

	Name of the heir	Address	Age	Occupation	Relation- ship with the deceased
a.					
b.					
c.					
d.					



3. That the said _____ (hereinafter unless expressly named or otherwise distinguished for brevity's sake called "the deceased") maintained _____ Account No. _____ /
Locker No. _____ with The Payyanur Co Operative Town Bank Ltd No C 827 at its _____ Branch in his/her single name.
4. That no letters of representation to his/her estate have been obtained or are contemplated to be obtained.
5. That Rs. _____ is the amount due and payable to the deceased by The Payyanur Co Operative Town Bank Ltd No C 827 being the balance standing to the credit of the aforesaid account.



6. That there are articles lying with the Bank in the Safe Custody Account No. _____ in the name of the deceased as per list enclosed with valuation of Rs. _____.
7. That there are contents of Locker No. _____ standing in the name of in deceased lying with the Bank as per list enclosed with valuation of Rs. _____.

That the deceased has not left any debts and no amount is due to The Payyanur Co Operative Town Bank Ltd No C 827 from him/her and that in the circumstances mentioned above, the above named deponents are the only persons entitled to the amount standing to the credit of the aforesaid Account/ articles in the Safe Custody Account / Contents of the Locker and no other person is entitled thereto or to any part thereof.

We hereby further state that we know that relying on the above representations and believing the same to be true, The Payyanur Co Operative Town Bank Ltd No C 827 has agreed to pay the aforesaid sum being the balance standing to the credit of the _____. Account / handover the articles in the Safe Custody account / contents of the locker to the above named deponents, without insisting on production of legal representations.

Solemnly affirmed by the _____)
above named deponent at _____)
on the _____ day of _____)
20____ in the presence of)



RECEIPT

Received with thanks from The Payyanur Co Operative Town Bank Ltd No C 827

, _____
_____ branch, a sum of Rs. _____ (Rupees _____
_____ only) by Banker's Cheque No.
_____ dated _____ in favour of
_____ in full and final settlement of
my/our claim as 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 other
claim from the Bank henceforth.

Place :

Date :



(Signature of all the legal heirs
over a revenue stamp)

Declaration in case funds are settled in favour of a Minor

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



(Signature of claimant
over a revenue stamp)