

Indraprastha Sehkari Bank Ltd.
CLAIM FORM
(Claim to the assets of the deceased)

To,
The Branch Manager,
Indraprastha Sehkari Bank Ltd.
_____ Branch

Sir,

Reg : Claim for Payment/Delivery of the balance/assets to the estate of late Shri/Smt. Kum _____

In the above matter, I/We are to inform you that Mr./Mrs./Miss _____ has expired on _____ leaving behind various assets in his/her accounts with you. Required particulars of deceased are as under :-

1. Full name of the decease depositor/Locker holder _____
- 2(a) Residential Address : _____
- (b) Occupation : _____ (c) Age : _____
- (d) Law by which the deceased was governed : Hindu Succession Act, 1956/Indian Successions Act/ Mohammedan Law/others.
3. Date of Death : _____ Proof _____
(Copy in original enclosed)

(Claim to the assets of the deceased)

4. (a) Details of the amount and/or securities claimed :

Sr. No.	Type of Account	A/c No./ Receipt No./ Locker No.	Amount/ Value of Securities Rs.	Date of Maturity	Remarks, if any
1.					
2.					
3.					

(b) Against which the outstanding direct and indirect liabilities :

Sr. No.	Nature of Liability	A/c No.	Amount of Liability (Rs.)	Remarks

Note : If any account and/or deposit is in the joint names, state the names of all joint holders and conditional clause if any, regarding payment.

5. (a) Name/s of claimant/s:

Sr. No.	Name/s	Occupation and Address	Age	Relationship with the deceased

5. (b) Details of Legal heirs :

Sr. No.	Name/s	Occupation and Address	Age	Relationship with the deceased
1				
2				
3				
4				
5				

6. (a) Whether Deposit Receipt/Pass Book of account/Key of the locker are in the possession of the claimant/s _____

(b) If not, its whereabouts _____

7. (a) Whether the deceased has made any nomination . Yes/No
- (b) Has the deceased left any Will ? Yes/No
- (c) Whether any probate/letter of administration : Yes/No
or succession certificate to the estate
of the deceased has been obtained

Name(s), address, occupation and worth, of the proposed sureties:-

- | | |
|--|---|
| <p>1. Name : _____
Address _____

Occupation _____
Net Worth Rs. _____
Annual Income :Rs. _____</p> | <p>2. Name _____
Address _____

Occupation _____
Net worth Rs. _____
Rs. _____</p> |
|--|---|

Value of immovable property:- Rs. _____ Lacs Rs. _____ Lacs

- (a) Address :
- (b) Whether property is in own name/joint names
- (c) Whether the property is
- Encumbered
 - Unencumbered
 - Partially encumbered

I/We hereby declare that particulars concerning my/our above claim against the Bank in respect of the estate of the above names deceased, as furnished by me/us are true to the best of my/our knowledge and belief and agree that I/We shall be jointly and severally liable to you for any misrepresentation or suppression of material facts and indemnify you against any demand made on you by any other person in respect of money/shares claimed by me/us herein.

Signature of claimant/s

Place:

1.....

2.....

3.....

Date :

FOR BANK'S USE

We have verified the particulars furnished in the above Claim Form by the Claimant/s Mr./Ms./Kum. _____ and recommended that the balance in the account of Shri/Smt. _____ (deceased) may be paid against the stamped Idemnity Bond signed by _____ and the surety/ies viz (1) _____ (2) _____

Balance in A/c No. Rs. _____ + Int. Rs. _____ = Total Amt. Rs. _____

Balance in A/c No. Rs. _____ + Int. Rs. _____ = Total Amt. Rs. _____

Grand Total Rs.....

Recommended by

Authorized by:

Deptt. in-charge/Officer

Manager /Chief Executive Officer

CONSENT LETTER
(To be signed by Legal heirs other than claimant)

The Branch Manager,
Indraprastha Sehkari Bank Ltd.
_____Branch

Dear Sir,

Reg.: Claim to the balance in the _____ (A/cs) standing in the name of Late

I write to inform you that my _____ (nature of relationship) Shri/Smt.
_____ expired on _____ leaving behind the under mentioned legal
heirs:-

- 1.
- 2.
- 3.

I hereby declare that I have no objection in case the entire balance in the accounts paid to
my _____ Shri/Smt. _____

I, therefore, accord my consent to the balance in the account being paid to him/her. I
further state that the discharge given by the said Shri/Smt. _____ in respect
of the said deposits/ accounts shall be as effective as if the same is given to me and binding
on me.

Place :

Date :

Yours faithfully,

Name _____

Address _____

()

SURETY LETTER

To,
The Branch Manager
Indraprastha Sehkari Bank Ltd.
_____ Branch

Dear Sir,

Re: Claim to the balance in the _____ (A/cs) standing in the name of Late _____.

Late Shri/Smt. _____ and the members of his/her family are well known to me for the last _____ years. He/She expired on _____. He/She is survived by the undermentioned persons as his/her legal heirs:-

- (i)
- (ii)
- (iii)
- (iv)
- (v)

I have gone through the Claim Form to which this letter is appended and I hereby certify that the particulars furnished by the claimant(s) in the Claim Form are true and correct to the best of my knowledge and belief.

Place :
Date :

Yours faithfully,

Name _____
Address _____

()

To be
 Stamped
 adequately
 and
 Notarized

AFFIDAVIT

Affidavit of Mr./Ms. _____ (Claimant's Name) W/o, D/o, S/o Late
 _____ and I/We 1 _____ 2.....
 3 _____ (legal heirs other than claimant)

We the above named deponent(s) do hereby solemnly affirm and declare as under:

1. That Shri/Smt. _____ expired on _____ at

 (Name of deceased with address)

2. That the deceased Shri/Smt. _____ has left behind the following legal heirs :
 - i) _____
 (Name with address)
 - ii) _____
 - iii) _____

3. That the deponent(s) hereby swear that the information given in the affidavit is true and correct.

4. That there is no legal heir of the deceased except the deponents and hence the affidavit.

1. 2. 3. 4.

DEPONENTS

VERIFICATION

Verified at Delhi on _____ day of _____ 200___ that the contents of my/our above affidavit are correct and true and nothing material has been concealed therefrom .

DEPONENTS

**To be
Stamped
adequately
and
Notarized**

DEED OF RELINQUISHMENT

This deed of Relinquishment has been executed at Delhi on this day of _____ 200____
by (1) _____ (Claimant) and 2
_____ 3 _____
(Name of legal heirs other than claimant) (Name of legal heirs other than
claimant)

We the above executants, do solemnly affirm and declare as under :

- (a) That our father/mother/husband/wife _____
(Name of the deceased with address)
expired on _____ at _____ leaving behind the following legal
heirs :-
i) _____
ii) _____
iii) _____
- (b) We the executants, being the legal heirs shown at Serial No. _____ above do hereby
relinquish all our right interest in favour of Mr./Mrs./Miss _____ legal heir
shown at serial No.1 (Name of the claimant) in respect of FDR/SB/RD A/c No.
_____ Dt. _____ for Rs. _____ maturity
value _____ in the name of late Shri/Smt.
_____ issued by Indraprastha branch.
- (c) We hereby, reaffirm that we have no objection if the payment of proceeds of the relative
FDR and/or other accounts as above is made by the Bank to Mr./Mrs.
_____, our _____ (relation).
- (d) We further declare that we shall not raise any objection whatsoever in this regard at any
time in future as we are now left with no interest, title or right in the said amount.

Name of the legal heirs _____
Except claimant with _____
Signature _____

Executants

To be stamped
adequately and
notarized

LETTER OF INDEMNITY
Deposit accounts of deceased account holders

The Branch Manager,
Indraprastha Sehkari Bank Ltd.

WHEREAS Mr./Mrs./Miss _____ (name of the deceased person) resident of _____ had at the time of his/her death to his/her credit a sum of Rupees _____ (balance in the account as on the date of death) which including interest upto _____ (date of repayment) amounting to Rs. _____ (amount now being repaid) in _____ (nature of account) account/s with the Indraprastha Sehkari Bank Ltd. _____ branch, (hereinafter referred to as "the said Bank")

AND WHEREAS _____ (names of the persons claiming repayment) _____ resident of _____ (hereinafter referred to as "the said claimant/s") and _____ have represented to the said Bank that the said claimant/s is/are entitled to have the said sum paid to the said claimant/s and have accordingly requested the said Bank to pay the said sum to the said claimant/s.

AND WHEREAS the said claimant/s and Mr./Mrs./Miss _____ (name/s of the surety/ies) _____ of _____ (address of surety/ies) have agreed to indemnify the said Bank in respect of such payment.

NOW IN CONSIDERATION of the premises we _____ (name of claimant/s) _____ and _____ (names of surety/ies) _____ for ourselves and our respective heirs, executors and administrators jointly and severally agree and undertake that the said Bank, the successors and assignees and its Managers, Agents, Officers and Servants, and their respective estates and effects 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, costs, charges, expenses and demands whatsoever in respect of the said payment.

Yours faithfully

(To be signed by the claimant/s and surety/ies)