#### Application for Deceased claim

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

From				
То				
The Branch Manager, Assam Gramin Vikash Ba I				
Dear Sir,				
Re: Deceased Account Late Shri/Sn Account No	nt (s)			
above account(s) at you	e of Shri/Smt r branch. The account is in th	e name(s)		He/She holds the
In case of Nomination				
•	son/daughter of Sh		•	
the registered nominee the person authorized to	in the above account(s). receive payment on behalf ccount(s) and is a minor as or	of Master / Miss		who is the
Please settle the balance the legal heirs of the dec	e in the account in the name ceased.	of the nominee. I/we	receive the paym	nent as trustee(s) of
In the case of joint acco	unt			
I / We Request you to de same mode of operatior	elete the name of deceased p is.	person and continue t	he account in my	/our name(s) with

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 ca	ises)

Place:	
Date:_	

Yours faithfully,

<u>Claimant(s)</u>

## Application for Deceased claim

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

From				
	Manager nin Vikash Bank Branch			
Dear Sir,				
Re: Deceas	sed Account Late Shri/Smt		Account No(s)	
			on H	He/She holds the
	unt(s) at your branch. The ac		name	
claim for pa legal heirs a Names in fu		s and discretion. The ased:	of the above named deceased and relevant information about the d	
Religion of t	the deceased:			
			(v) Mother (vi) Brothers (vii) Siste Karta and Co-parceners with their	
	Full Name / Address	<b>Occupation</b>	Relationship with Deceased	Age
i. ii. iii. iv. v. vi.				Years Years Years Years Years Years Years Years Years Years
Guardiai Children (a) Wh Guardiai (b) Wh	Names of the : n/s of the minor of the Depositor nether Natural : n ether Guardian : ointed by a Court			

such Order

(c) In whose custody the Minor/Minors is / are?	:
5. Claimant/s name/s and address in full	:

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

Death Certificate (Original + 1 photocopy) issued by: \_\_\_\_\_\_ Letter of Indemnity

I / We request you to pay the balance amount lying to the credit of the above named deceased to .....on my/our behalf.

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

Place: Date : Yours faithfully,

#### Signature of Claimant(s)

i) Name of Claimant	Address	Signature

### **Indemnity format**

#### (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

То

The Branch Manager Assam Gramin Vikash Bank Branch

IN CONSIDERATION of your paying or agreeing to pay me/us,

	. 1)
Insert here the	2)
Name(s) of	3)
Claimants	4)

The sum of Rupees	standing at the credit of
Savings Bank/Current/R.D./Term Deposit Account No. etc.	with your bank in the name of
Shri/Smt./Kum	since deceased, without production of
Letters of Administration or a Succession Certificate to	his/her estate or a Certificate from the
Controller of Estate Duly to the effect that estate duly has b	peen paid or will be paid or none is due I/we
do hereby for myself/ourselves and my/our heirs, legal rep	presentatives executors and administrators,
jointly and severally UNDERTAKE AND AGREE to indemnify	you and your successors and assign against
all claims, demands, proceedings, losses, damages, charges	s and expenses which may be raised against
or incurred by you by reasons or in consequence of your	having agreed to pay/or paying me/us the
said sum as aforesaid.	

SIGNED AND DELIVERED	
By the above named on this	
Day of	_two thousand

SIGNED AND DELIVERED by the above named

1	2	3
4	5	6

(heirs /claimants of the deceased)

# RECEIPT

Received	with	thanks							ank,
			Bra	anch, a si	um of	Rs			
(Rupees								only)	by
Banker's	Cheque	No			dated				_ in
favour			of						
							in	full	and
final sett	lement of	<sup>:</sup> my/our cla	im as s	uccessor o	n the ba	alance in			
Account(	s) No(s)		sta	anding in t	he nam	e of the	dece	eased	Shri
other cla	im from t	he Bank her	ceforth	า.					
Place:									
Date:									1
(Signatur	e of all th	e legal heirs	5						1
Over a re	venue sta	amp) <sup>@</sup>							
DECLARA	TION in c	ase funds ar	<u>e settle</u>	ed in favou	ir of a N	<u>linor</u>			
I,								father	and
natural		guardian		0	of 				·
						certify th		-	
		Cheque No				ed you in se			
balance		account			sucu by	you in se	i liell		of
					vill be u	tilized for	the	 benef	

the minor only.