



Form No.33 (Revised)



Annexure-5

Application Form for Settlement of Claim of Deceased Constituents for payment of balances in accounts, articles in safe deposit locker and safe custody in cases other than Nomination or Joint Account with survivor clause) (Applicable for Resident/Non-Resident)

Bank:

Branch:

To,
The Branch Manager,

Address for correspondence

Shri / Smt / Kum

Address:

Contact No.

Email ID

Date: _____

Madam / Dear Sir,

Claim for Payment of Balances in the account (s) and delivery of articles in safe deposit locker/safe custody of Late Shri / Smt / Kum. _____ expired on _____

I / We advise that Shri / Smt / Kum _____ expired on _____ / is missing/ not traceable since _____.

2. Late Shri / Smt / Kum. _____ was maintaining following Accounts / safe deposit locker /safe custody articles in your Branch:

No.	Nature of Deposits	Account No.	Amount *	Date of Maturity	Nature of Liability to the Bank, if any	Amount
1.						
2.						
3.						
4.						
	Total Amt.				Total Amt.	

*(the actual amount of claim with accrued interest will be worked out on the date of payment.)

b. Safe Deposit Locker No. _____ mode of Holding _____

c. Safe Custody Article Receipt No. _____

Details of Articles: _____

3. I/We lodge my / our claim for the above balances with accrued interest/ articles in safe deposit locker /safe custody of the above-named deceased in terms of: **(Select which is applicable)**

Will of the late Shri / Smt / Kum _____ dated _____ and a probate granted by the court of _____ at _____ dated _____ **(Copies enclosed).**

Succession Certificate dated _____ granted by the Court of _____ at _____ (Copy Enclosed).

Letter of Administration No. _____ dated _____ issued by _____ at _____ (Copy enclosed).

The deceased died intestate. I/We lodge our claim without a legal representation for payment as per the Bank's rules & discretion.

4. I/We furnish below the required information about the deceased & the legal heirs in this regard: -

(a) Date & Place of Death _____

(b) Details of Death Certificate No. _____ dated _____ Authority _____ (copy enclosed).
(Original to be produced for verification.)

(c) Age _____ Yrs.

(d) Marital Status- Married / Unmarried/ Widow(er)

(e) Permanent Address –

H No./Flat No. _____ Street Name _____ Locality/Village _____

S No.	Name	Age	Relation	Address	Whether executing Letter of Disclaimer (Yes/No)

City/District _____ State _____ PIN _____

(f) Religion _____ Which law of succession is applicable _____ (Hindu, Mohamedan etc)

(g) Name (s), Relation (s) & age (s) of the legal heirs of the deceased:

(h) Name (s) of the Minor (s) & Natural Guardian (s) / Legal Guardian (s) of minors amongst the claimants.

S No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Whether executing Letter of Disclaimer (Yes/No)

5. Shri / Smt / Kum. _____ i.e. the person furnishing the declaration below / the affidavit (Annexure "B") knows our family for last _____ years and is unconnected with our family.

I know the deceased and his/her family since last _____ years. The person(s) named above is/are the only legal heir(s) of the deceased entitled to succeed to the estate of the deceased. I am not related in any manner whatsoever to the deceased or any of the above-mentioned persons mentioned at 4(g) to (h) above, nor have I any claim or interest of whatsoever nature in the estate of the deceased.

Certified that to the best of my knowledge & belief the facts stated above are true & correct

Name in full & Address of the person signing the declaration _____

Place _____ Signature _____

Date _____

6. We propose the following surety(ies): {No surety required for amounts up to threshold limit}

S No.	Name of the Surety	Address	Net Worth (As per Annexure-D)

7. I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.

The amount of claim settled including up to date applicable interest may kindly be issued Banker's cheque/ credited to the account standing in the name of _____ /D/O _____ maintained with _____ Bank _____ Branch in India through transfer/ RTGS/NEFT.

Signature (s) of the claimant (s) who will receive the amount/ articles of safe deposit locker/safe custody

S. No.	Name of the Claimant	Signature

Place : _____

Date : _____

Encl: As above.

Note :The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Representation in case there are disputes among legal heirs & all of them do not join in indemnifying the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer.
(If the space provided is insufficient, please use additional sheet)

FOR OFFICE USE

Recommendation:

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. The sureties are waived (Amounts up-to ₹2,00,000/-)* / Surety/ ies offered are acceptable as per Bank's extant instructions.* All the necessary documents have been obtained. The claim may be paid to the claimants.

*(Strike out if not applicable)

Any other remarks:

Place: -----

Signature

Date:-----

Name :
Designation :
(Recommending Authority)

Sanction:

Sanctioned payment of Rs. _____ (Rs. _____)
in accounts/ handing over of contents/articles in Safe Deposit Locker/Safe Custody of Late _____
_____ to claimant(s).

Place: -----

Signature

Date:-----

Name :
Designation :
(Sanctioning Authority)

Disbursement & Record:

Amount of Rs _____ (Rupees _____)
paid by way of

Banker's cheque No. _____ Dated _____ and receipt obtained.

Credited to claimant's Account No _____ maintained with _____ Branch
and copy of statement of account carrying the relevant entry maintained on record as part of the claim settlement.

Credited to claimant's Account No _____ maintained in India with _____
Bank, _____ Branch through RTGS / NEFT vide UTR No _____ Dated _____
and copy of acknowledgement of electronic transfer credit maintained on record as part of the
claim settlement.

Handed over contents/articles of safe deposit Locker/safe custody account/receipt to claimant and
acknowledgement kept on record as part of the claim settlement.

All the documents pertain to this claim settlement have been kept on Branch record.

Place: -----

Signature

Date: -----

Name :
Designation :
(Disbursing Authority)