

GS MAHANAGAR CO-OP BANK LTD.

Application for Deceased Claim

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

From

To
The Branch Manager,
GS Mahanagar Co-op.Bank Ltd.
_____ Branch

Dear Sir,

Re: Deceased Account

Late Shri/Smt _____

Account No (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
..... 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:
Date :

Yours faithfully,

{Claimant(s)}

GS MAHANAGAR CO-OP BANK LTD.

Application for deceased claim

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

From

To,

The Branch Manager
GS Mahanagar Co-op. Bank Ltd.
_____ Branch

Dear Sir,

Re:Deceased Account

Late Shri/Smt. _____

Account No (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 : _____

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the
above named deceased who died in testate. I/We am/are the legal heirs of the above
named deceased and lodge my/our claim for payment as per the bank's rules and
discretion. The relevant information about the deceased and the legal heirs are as under:

1. Names in full of the parents of the deceased:

Father _____

Mother _____

2. Religion of the deceased: _____

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers
(vii) Sisters (viii) Grand children. If Hindu Joint Family, the name and address of the
Kart and Co-parceners with their respective ages.

Full Name/Address	Occupation	Relationship with Deceased	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

4. Name or names of the Guardian/s
Of the minor, Children of the depositors _____
- (a) Whether Natural Guardian
(b) Whether Guardian appointed by
Court of Law in India. If so, attach a
Certified copy or duly attested copy
Of such order _____
- (c) In whose custody the
Minor/Minors is/are? _____

5. Claimant/s name/s and address in full

- (i) _____
(ii) _____
(iii) _____

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

1. Death Certificate (Original + 1 photocopy) issued by
2. Letter of indemnity

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 :

Yours faithfully,

Date :

Signature of Claimant (s)

Name of Claimant

Address

Signature

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/Miss

(name/names of the claimants),

(s/o, w/o, d/o),

aged,

address,

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:-

No.	Name	Age	Relationship to the deceased
1.			
2.			
3.			
4.			
5.			

3. I/We further state that the deceased was holding an account (hereinafter referred to as "the account") (specify the account details) _____ in _____ branch of _____ bank (herein after referred to as "the Bank"). At the time of the death of the deceased the account was having a credit of Rs _____ (balance amount in the account) which includes interest upto _____ (date of payment) amount to Rs. _____ (amount being now paid).

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

5. I/We have requested the bank to make the payment of the amount standing in the credit of the account belonging to the deceased together with interest thereon as applicable to Shri/smt ___ being one of the legal heirs for and on 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 safe custody to Shri/Smt. _____ being one of the legal heirs for and on behalf of all the legal heirs.

6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased.

7. I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the bank, its successors and assigns 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, cost, charges, expenses and demands whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody.

All the averments made herein before are true and correct and I/We put my/our signature/mark on this _____ Day of _____ 200__ at _____ in the presence of _____.

**Signatures(s) of deponents.
(claimants)**

Signature of Witness

Affidavit to be attested by Notary Public.