

INDEMNITY FORMAT

(For Claims upto threshold Limit of Rs.25000/-)

(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

To

The Senior / Chief Manager

Kankaria Maninagar Nagrik Sahakari Bank Ltd.

Branch

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

The Name(s) of Claimant(s)

SI NO	Name of the claimant(s)
1	
2	
3	
4	
5	
6	

The sum of Rupees _____ (Rupees _____
_____ only) standing at the credit of
Savings/Current/Deposit Account No.(s) _____ with your bank in the
name of Shri/Smt _____ since deceased, without production of Letters of
Administration or a Succession Certificate to his/her estate or a Certificate from the Controller of
Estate duty to the effect that estate duty has been paid or will be paid or none is due. I/We do
hereby for myself/ourselves and my/our heirs, legal representatives executors and administrators,

jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges 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
_____ 20 ____ at _____

Sl No	Name of the Claimant	Signature
1		
2		
3		
4		
5		
6		

(Legal heirs/ claimants of the deceased)