

**CLAIM FOR DEPOSITS IN THE NAME OF DECEASED PERSONS**

( To be used by other than Nominees / joint account holders with survivor clause)  
FOR CLAIMS UPTO Rs.25,000/-

From

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Place

To

The Senior Manager/ Manager

**KANKARIA MANINAGAR NAG SAH BANK LTD**

Branch

Dear

Sir,

Re: Account(s) of the Deceased

Late Shri/Smt\_\_\_\_\_

Account(s) No(s)\_\_\_\_\_

Balance Rs\_\_\_\_\_ (Rupees\_\_\_\_\_

\_\_\_\_\_

I/We advise the demise of Shri/Smt.\_\_\_\_\_ on\_\_\_\_\_ He/She holds the above account(s) at your branch.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. 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:

a) Father : \_\_\_\_\_

b) Mother : \_\_\_\_\_

2. Religion of the deceased: \_\_\_\_\_

3. Details of surviving legal heirs (a) Husband (b) wife (d) Children (e) Father (f) Mother (g) Brothers (h) Sisters (i) grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

SI NO	Name in full with Age and date of Birth, Occupation and address	Relationship with the deceased
1		
2		
3		
4		
5		
6		

4. Name(s) of the Guardian(s) of the minor Children of the Depositor

(a) whether Natural Guardian : Yes /No

(b) whether Guardian appointed by a court of Law in India. If yes attach a certified copy of such Order :

(c) Name and full particulars of the custodian of the Minor Children :

5. Particulars about the claimant(s)

SI No	Full Name(s) of Claimant(s)	Full Address with telephone/mobile numbers of the claimant(s)
1		
2		
3		
4		
5		
6		

I/We submit the following documents. Please return the originals to us after verification:

1. Death Certificate issued by : \_\_\_\_\_

2. Letter of indemnity. : \_\_\_\_\_

3. Affidavit. : \_\_\_\_\_

4. Legal heirship Certificate : \_\_\_\_\_

We request you to pay the balance amount lying to the credit of the account(s) of the above named deceased to Shri/Smt \_\_\_\_\_ on our behalf.

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

Yours faithfully,

**Signature of Claimant (s)**

Sl No	Claimant	Signature
1		
2		
3		
4		
5		
6		

Place:

Date: