**Annexure-A1**

**CLAIM FORM FOR DEPOSIT ACCOUNTS TO BE SUBMITTED BY THE NOMINEE**

**From**

**To**

The Branch Manager

Tamluk Ghatal Central Coop 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(s) is/are in the name(s) of

**I,** son/daughter of Shri. residing at

 **am**

1. the registered nominee in the above accounts(s)
2. 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 this claim.

Please settle the balance in the account in the name of the nominee. I receive the payments as trustee(s)of the legal heirs of the deceased.

I submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death certificate issued by Identity proof

Place: Yours faithfully,

Date : (Claimant(s))

ANNEXURE A2

CLAIM FORM FOR SAFE DEPOSIT LOCKERS AND SAFE CUSTODY ARTICLES

I,. Nominee/appointed on behalf of the minor

nominee, hereby declare that I am, the nominee/appointed on behalf of the minor nominee of the deceased Shri/Smt I further declare that

I am nominated to claim the articles held in safe custody/safety locker with Tamluk Ghatal Central Coop Bank Ltd \_\_\_\_\_\_\_\_\_\_\_\_ Branch by Smt/Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ deceased. The articles held in

safe custody/safety locker are held in locker No: under safe custody receipt No:............ of Shri/Smt deceased.

Shri/Smt.....................

(Nominee/appointed on behalf of minor

nominee) Signature.............................

Date:....................................

Address: .............................................

|  |  |
| --- | --- |
| Identified by: |  |
|  |  |  |  | Name................................. |
| 1. A | Magistrate | or | judicial | Address..........................………………. |
| official | (or) |  |  | .....................………………………………….. |
|  |  |  |  | Signature ......................... |
| 2. An Officer of the Central or | Name.................................Address..........................………………......................…………………………………..Signature ......................... |
| State Government not below the rank |
| of a Block Development |
| Officer (or) |
| 3.An Officer of RBI/SBI/ Nationalised Bank other than Tamluk Ghatal Central Coop Bank(or) | Name.................................Address..........................………………......................…………………………………..Signature ......................... |
| 4. Two persons acceptable to the bank (\* strike out whichever is not applicable | Name.................................Address..........................……………… .....................………………………………….Signature ......................... |

**Annexure- B**

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)

**Bank: Branch:**

**To,** Address for correspondence

##  The Branch Manager,

Shri / Smt / Kum

Address:

Contact No.

Email ID

Date:

##  Madam / Dear Sir,

**Subj: 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 .

1. 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:

1. 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.

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

## Date & Place of Death

* 1. **Details of Death Certificate No**. dated Authority (copy enclosed). (Original to be produced for verification.)
	2. **Age** Yrs.
	3. **Marital Status**- Married / Unmarried/ Widow(er)

## Permanent Address –

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

City/District State PIN

* 1. **Religion Which law of succession is applicable**

**(Hindu, Muslim etc)**

* 1. **Name (s), Relation (s) & age (s) of the legal heirs of the deceased**:

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

* 1. **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)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Shri / Smt / Kum. 1. 2. i.e. the person furnishing the declaration below / the affidavit (Annexure “D‟) 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

1. 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-F)** |
|  |  |  |  |
|  |  |  |  |

## 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 ₹1,,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

## Name :

Date------------------------ **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

## Name :

Date------------------------ **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)**

# Instructions for filling the Application form 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)

1. Mention name of the deceased and date of expiry. In case person is missing/not traceable (i.e., whereabouts of person is unknown for more than 7 years an order/certificate of legal death/presumption of death may be issued by Court) mention date since missing.
2. Mention all deposit as well as loan/overdraft accounts of the deceased. The actual amount of claim with accrued interest will be worked out on the date of payment. Similarly, give detail of safe custody locker and safe custody account/receipt no. of the deceased.
3. Select whether claim is made without legal representation (person died intestate) or with legal representation (i.e. Will/ Succession certificate/ Letter of administration). Copy of the same to be enclosed. In case of legal representation, no declaration from independent person mentioned at point 5 is required, except for KYC/proper identification of beneficiaries.
4. (a) to (f) -Detail of the deceased to be provided. Submit copy of Death certificate and Original for verification. The assets of deceased shall be settled to the legal heirs as per the Personal Law of succession (Hindu, Muslim, Christian or any other community) applicable to the depositor.
5. Mention particulars of all legal heirs along with age and address. In the last column, mention ‘Yes’ for heirs who are executing Letter of Disclaimer (As per Annexure-C) duly stamped and executed. Otherwise, mention ‘No’.
6. Mention name of legal heirs, who are minors along with Natural/ Legal Guardian. If Legal Guardian is appointed, a copy of the order must be enclosed.
7. Declaration to be signed by an independent person well known to the family of the deceased but unconnected with it and acceptable to the Bank, or any account holder of the Bank known to the family of the deceased but unconnected with it, or Any Govt. Official whose signature is verifiable by the Bank. Where the amount of the claim for balances exceeds threshold limit, the person furnishing the declaration will have to execute an affidavit as per the format. (Annexure – D) before a “Judge / Magistrate / Notary”. The affidavit will be stamped according to the Stamp Act in force in the respective State. This declaration is not required in case of legal representation.
8. The detailed information on the sureties, to arrive at their worth (the sureties should be worth at least twice the amount of claim), is to be furnished in a separate form (Annexure-F). Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of Indemnity along with Claimants as per format enclosed (Annexure – E). The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State.
9. To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a “Letter of Disclaimer” as per the format enclosed (Annexure – C) and will be stamped according to the Stamp Act in force in the respective State.

(Please note that the claimants will have to sign the receipt for having received the claim amount where proceeds are paid by way of Bankers Cheque).

1. **Classification of claim based on amount of claim:** The documents to be submitted is different for claim amount (Principal + Interest) up to threshold limit and for claim amount above threshold limit. The threshold limit will be advised by the concerned Bank. The claim amount will be reckoned on the date of payment, for obtaining required documents.
2. **Missing Person:** Claims up to a threshold limit (to be advised by the concerned Bank) will be entertained without insisting for valid death certificate. All such claims in respect of missing persons, reported missing for a minimum period of one year, shall be settled on production of the following documents.

1. FIR 2. Non-traceable report issued by the police authorities. 3. Indemnity from the claimant.

The claims in respect of missing person above threshold limit will be settled as per the existing instructions i.e. after getting court order from the competent court.

# Safe Deposit Locker:

Access may be given to the legal representative of the deceased. In such cases death certificate and proof of the legal representation shall be obtained. The legal representation would be in the form of Probate or Letters of Administration.

# List of documents to be submitted with Claim Form: For claim up to threshold limit

Copy of Death Certificate

Photograph & KYC of all claimant(s)/legal heirs, Person furnishing declaration or Affidavit & Surety(ies). Letter of Disclaimer(Duly stamped & Notarised)Annexure-C, Letter of Indemnity (Duly stamped) Annexure-E Receipt from claimants (payment made by issuing a Banker’s Cheque)

# Additional Documents for claim above threshold limit

Affidavit (Duly stamped & Notarised)- Annexure-D Opinion Report of Surety(ies) -Annexure-F

# For Safe Deposit Locker/Safe custody

Form of Inventory of Contents of Safety Locker (Annexure-H) Form of Inventory of articles left in safe custody (Annexure-J)

Letter of indemnity with respect to delivery of articles kept in Safe Deposit Locker/Safe Custody/Sealed Boxes (Annexure-K)

**Annexure- C**

**LETTER OF DISCLAIMER**

(**To be stamped as per the Stamp Act applicable to the State**) The Branch Manager

Dear Sir,

 \*Account No in the name of Shri/Smt./Kum. Balance ₹

With reference to the above account, I/We, the following legal heirs of the late Shri/Smt./Kum. (**Name of the deceased account holder**), have to advise that we have no interest in the above assets and as such we have no objection to your paying the balance amount lying in the above account(s) with you in the name of the aforesaid Shri/Smt./Kum

 (**Name of the deceased account holder**) to Shri/Smt./Kum.

1.

2.

3.

4.

5.

Such delivery of the payment of the balance in the above account(s) would be completely binding on us and we will not question the Bank’s action in so doing if any proceedings. I/We undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Name(s) of the Claimants (who relinquish their rights) | Age(yrs) | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signed before me this day of 20

Notary (Public/Magistrate)

\***fill in here the type of account viz. SB/R.D/Term Deposit, Current etc.**

Annexure D

AFFIDAVIT

(To be stamped as per the Stamp Act applicable to the State)

I/We S/D/O residing at

 and

 S/D/O residing at do hereby make oath\*/solemnly affirm and say as follows:

That Shri/Smt./Kum. (Name of the deceased) hereinafter, referred to as “the deceased” died intestate on at

1. That we know the deceased and his/her family since the last\_ years.
2. That at the time of his death the deceased left surviving him/her the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an intestate succession:

|  |  |  |  |
| --- | --- | --- | --- |
| SNO. | Name | Age(yrs.) | Relationship with the deceased |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. That I am not related in any manner whatsoever to the deceased or any of the above-mentioned persons nor have we any claim or interest of whatsoever nature in the estate of the deceased.
2. That we are informed, and we verily believe that the deceased has left certain deposits\*/ assets with the Bank branch, to which the above-mentioned persons are entitled to claim.
3. That we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the

 Bank branch, has agreed at our request to make payment of the amount of the deposits/ to deliver the assets to the above-mentioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn\*/ solemnly affirmed at this

day of 1. 2.

in the presence of before me

\*(Delete whichever is inapplicable) Judge / Magistrate / Notary

**Annexure E**

**LETTER OF INDEMNITY**

(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 Constituents Account without production of Legal representation)

To,

The Branch Manager

IN CONSIDERATION of your paying or agreeing to pay us,

**Insert here the names of the claimants**

**1**

**2.**

**3.**

**4.**

**5.**

The sum of Rupees standing at the credit of Saving Bank / Current / R.D Account No. etc. with your Bank in the name of Shri/Smt./Kum.

 since deceased, without production of Letter of Administration or a Succession Certificate to his/her estate, we

|  |
| --- |
| **Insert here the** |
| **Names of the** |

**(Surety)ies**

do hereby for ourselves and our heirs, legal representatives, 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 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, Sealed and delivered by the above named on this day of two thousand .

SIGNED AND DELIVERED by the above named

1. 2. 3.

4. 5.

**(Heirs/claimants of the deceased)**

SIGNED AND DELIVERED by the above named

1. 2.

**(Sureties)**

Annexure F

Opinion Report on Surety

|  |  |  |
| --- | --- | --- |
| 1. | Name in Full |  |
| 2. | Address |  |
| 3. | Academic Qualification |  |
| 4. | Age |  |
| 5. | Occupation(If employed, please state the name of the employer and since when Employed). |  |
| 6. | Present Monthly Income / Salary**(Attach a Salary Certificate, if income is by way of salary)** |  |
| 7. | Total yearly income from all sources |  |
| 8 | No. of dependents |  |
| 9 | Personal Assets |  |
| a. | Immoveable Property viz. land /Building / flat etc. give details acquisitions, present value etc. |  |
| b. | Investments **(Fixed Deposits, Shares etc. if any)** |  |
| c. | Life Insurance Policy |  |
| d. | Other Assets |  |
| e. | Details of Bank Accounts, if any **(Name and address of Bankers with Account No (Current / Savings) to be furnished).** |  |
| 10 | Personal Liability if any |  |
| 11 | Please indicate whether surety is related to claimants Yes/No |  |
| 12 | Period for which claimants are known | Yrs. |

I confirm that all the statements made by me in this application are true and correct and have been made by me.

|  |  |
| --- | --- |
| Place: |  |
| Date: | Signature |
|  | **(Surety)** |
| Remarks of the Branch Manager |
|  |  Branch Manager |

**Annexure –G**

**Form of Inventory of Contents of Safety Locker Hired from Banking Company**

**(To be used where there is nomination or survivorship clause)**

The following inventory of contents of Safety Locker No. located in the safe deposit vault of Branch at .

* hired by Shri/Smt. (deceased) in his/her sole name.

\*hired by Shri/Smt. (i) (deceased)

(ii) jointly (iii)

was taken on this day of 20 .

|  |  |  |
| --- | --- | --- |
| S.NO. | Description of Articles in Safety Locker | Other identifying particulars, if any |
|  |  |  |
|  |  |  |

For the purpose of inventory, access to the locker was given to the Nominee/ and the surviving hirers

* + By breaking open the locker under his/her/their instructions.
	+ Who produced the key to the locker (Delete whichever is not applicable) The above inventory was taken in the presence of:
1. Shri/Smt. (Nominee) Address (Signature)

Shri/Smt. (Nominee) Address (Signature)

and

Shri/Smt.

Survivors of Joint hirers (Signature)

Address

Shri/Smt.

Address (Signature)

1. Witness (es) with name, address and signature:
	* I, Shri/Smt. (Nominee)
	* We, Shri/Smt. (Nominee)

Shri/Smt and Sh./Smt the survivors of the joint hirers, hereby acknowledged the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. (Nominee) Shri/Smt (Survivor) Signature Signature

Date & Place Shri/Smt (Survivor) Signature

Date & Place

NOTE:

It is made here that access to locker is given to survivor(s)/ nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to the survivor(s)/ nominee(s) shall not affect the right or claim which any person may have against the survivor(s)/ nominee(s) to whom the access is given.

**Annexure – H**

**Form of Inventory of Contents of Safe Deposit Locker**

**(To be used where there is no nomination or survivorship clause)**

The following inventory of contents of Safe Deposit Locker No. located at

 Branch of Bank.

\* hired by Shri/Smt. (deceased) in his/her sole name.

\*hired by Shri/Smt. (i) (deceased)

(ii) jointly (iii)

was taken on this day of 20 .

|  |  |  |
| --- | --- | --- |
| SNO. | Description of Articles in Safe Deposit Lockers | Other identifying particulars if any |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

For the purpose of inventory, access to the locker was given to the legal heir(s)/a person mandated by the legal heir(s) and surviving hirers

* By breaking open the locker under his/her/their instructions.
* Who produced the key to the locker (Delete whichever is not applicable)

The above inventory was taken in the presence of:

Legal heirs of deceased joint hirer(s)/person mandated by legal heirs

1. Shri/Smt. Address (Signature)

Shri/Smt. Address (Signature)

And

Shri/Smt.

Survivors of Joint hirers (Signature)

Address

Shri/Smt.

Address (Signature)

1. Witness (es) with name, address and signature:

Shri/Smt. Address (Signature)

Shri/Smt. Address (Signature)

**ACKNOWLEDGEMENT**

* I, Shri/Smt. legal heir/mandate holder
* We, Shri/Smt.

 legal heirs and Shri/Smt

surviving hirers

Hereby acknowledge the receipt of the contents of the safe Deposit locker comprised in as set out in the above inventory together with a copy of the said inventory.

Shri/Smt. (Legal Heir/Mandate Holder)

Shri/Smt. Signature Shri/Smt. Signature Shri/Smt. . Signature

Date & Place (\* Delete whichever is not applicable)

**Annexure-I**

**Form of Inventory of articles left in Safe Custody with banking company**

**(Section 45ZC (3) of the Banking Regulation Act, 1949)**

**(To be used where there is nomination or survivorship clause)**

The following inventory of articles left in safe custody with branch by Sh/Smt (deceased) under an agreement/receipt dated was taken on this day of 20

|  |  |  |
| --- | --- | --- |
| Sr.No. | Description of Articles in Safe Custody | Other Identifying Particulars: if any |
|  |  |  |
|  |  |  |

The above inventory was taken in the presence of'

1 . Shri/Smt. (Nominee)

Shri/Smt. (Appointed on behalf of minor Nominee)

Address Address Signature

Signature

l, Shri/Smt (Nominee / appointed on behalf of minor Nominee) hereby acknowledge receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. (Nominee)

Signature Date & Place Shri/Smt.

(Appointed on behalf of minor Nominee) Signature

Date & Place

NOTE.

It is made clear that access to safe custody articles is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased depositor of Safe Custody articles on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.

Annexure-J Form of Inventory of articles left in Safe Custody

(To be used where there is no nomination or survivorship clause)

The following inventory of articles left in safe custody with branch

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank by Shri/Smt. (deceased) under an agreement/receipt dated

was taken on this day of 20

|  |  |  |
| --- | --- | --- |
| **S-Ño.** | **Description of Articles in Safe Custody** | **Other identifying particulars, if any** |
|  |  |
|  |  |
|  |  |  |

The above. inventory was. taken in the presence of, Legal heirs or a person mandated by legal heirs

1. Shri/Smt,



Address (Signature)

2, Shri/Smt,



Address (Signature)

**ACKNOWLEDGEMENT**

* l, Shri/Smt. legal heir/mandate holder



* We, Shri/Smt

Legal heirs and

ShrÌ/Smt.

Surviving hirers

Hereby, acknowledge the receipt of the contents of the safe Deposit locker comprised in as set out in the above inventory together with a copy of the said inventory.

Shri/Smt.

(Legal Heir/Mandate Holder)



Shri/Smt. Signature



Shri/Smt. Signature

Shri/Smt Signature Date & 

( \* Delete whichever is not applicable)

**Annexure-K**

**LETTER OF INDEMNITY WITH RESPECT TO DELIVERY OF ARTICLES KEPT IN BANK'S SAFE DEPOSIT VAULT / SEALED BOXES ETC. OF THE DECEASED WITHOUT PRODUCTION OF LEGAL REPRESENTATION**

**(To be stamped as an agreement)**

**To**

In consideration of your delivering or agreeing to deliver to me/us

(Insert here the names of the heir(s) of the deceased)

The articles/ properties mentioned hereunder -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Safe Deposit Locker No./Sealed Box in Safe DepositAccount No. | Details of the articles/property | Description | Weight | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

and held in the name(s) of since deceased, without production of any succession certificate/ letters of administration to his / her / their estate or a certificate from the Controller of Estate Duty to the effect that the estate duty has been paid or will be paid or none is due,

# I/We and and



(State here the names of the heir(s) of the deceased)

and We and (State here the name of the sureties)

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally undertake and agree to indemnify you, the Bank, and its successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against you or incurred by you by reason or in consequence of having delivered or agreed to have deliver to me/us the above mentioned articles/property of the deceased from the safe deposit locker/sealed boxes in safe deposit.

Signed sealed and delivered by the above named on this  day of Two thousand and

SIGNED AND DELIVERED by the above named

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hiers of the deceased)

**SIGNED AND DELIVERED by the above named**

(1)

(2)

 **(Sureties)**

Annexure-L

RECEIPT

Received from Bank Branch

Rs. (Rupees only) by Banker’s

Cheque No. 

dated in favour of being the balance standing at the credit of Saving Bank Account/ Current Account/ T DR/ ST DR No. in the name of . The balance has been paid to me as per Bank rules.

|  |  |
| --- | --- |
| Date. | Signature of Claimant |
| Place. | Name. |

Annexure – M

Declaration in case funds are settled in favour of Minor

I, , father/mother and natural guardian of

 hereby certify that the proceeds of your

Banker’s cheque No. dated favouring

 issued by you in full and final settlement of the balance in Account No. of Late will be utilized for the benefit of the minor only.

Place:

Date:

(Signature of Guardian)

**Annexure-N**

**CONSENT CUM NO OBJECTION LETTER**

**TO BE EXECUTED BEFORE A NOTARY PUBLIC**

PLACE:

# DATE

To,

The Manager

Tamluk Ghatal Central Coop Bank Ltd

 Branch

Sir,

# PAYMENT OF DEPOSIT/CREDIT BALANCE HELD IN THE ACCOUNT OF SHRI/SMT. (DECEASED)

Shri/Smt. a HINDU / BUDDHIST / SIKH /JAINA / PARIS

MOHAMMEDAN died on.. leaving behind him / her a WILL dated a copy of which is enclosed to this affidavit.

I/We the legal heir/s hereby confirm that the said WILL dated is his / her last WILL and the same has come in to force and has been acted upon

I /We the legal heir/s hereby give our consent and I / We have no objection for your bank acting upon the WILL and making payment of any deposit / credit balance of the deceased to the legatee/s under the WILL without insisting for a probate / letter of administration of the WILL.

Yours faithfully,



3.



# (LEGAL HEIRS)