

Application for deceased claim

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

From

To,
 The Branch Manager
 Uttar Bihar Gramin Bank
 _____ Branch

Dear Sir,

Reg. :: Deceased account late Sri Smt.A/c No.(s).....

I /We advise, the demise of Sri /Smt. _____ on _____.He
 /She holds the above account(s) at your branch. The account is in the
 names(s) of

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above names deceased who died intestate. I/We am /are the legal heirs of the above named deceased and lodge my /out 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 karta 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 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 :
Date :

Yours faithfully,

Signature of claimant (s)

Name of claimant

Address

Signature