ANNEXURE-1

Application for Deceased claim

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

From

_____
_____
_____

To
The Branch Manager
Kottayam Co-Operative Urban Bank LTD No.421
_____ Branch

DearSir,

Re: **DeceasedAccount**
LateShri/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 of:_____.

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:

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 Coparceners with their respective ages.

Contd…2

Full Name/Address Occupation Relationship with Age

Deceased

(i) _____

(ii) _____ _____

(iii) _____ _____

(iv) _____ _____

(v) _____ _____

(vi) _____ _____

4 Name or Names of the :
Guardian/s of the minor
Children of the Depositor

(a) Whether Natural : _____ Guardian

(b) Whether Guardian : _____
appointed by a Courtof Law in India.If so,
Attach a certified 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+1photocopy)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)

(i) Name of Claimant Address Signature

ANNEXURE-11

APPLICATION FOR DECEASED CLAIM

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

From

_____
_____
_____

To
The Branch Manager,
Kottayam Co-Operative Urban Bank LTD No.421
_____ Branch

Dear Sir,
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

(ii) The registered nominee in the aboveaccount(s).

(iii) The person authorized to receive payment on behalfofMaster/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 payment as trustee 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: Yours faithfully

Date: (Claimant(s))

ANNEXURE-111

RECEIPT

(TO BE OBTAINED FROM THE NOMINEE)

I, Sri/Smt. _____, S/o. / D/o. _____aged _____ years, the nominee/guardian of the minor nominee_____ hereby acknowledge receipt of a sum of Rs._____(Rupees _____only)from Kottayam Co Operative Urban Bank LTD No.421., _____Branch, being the amount payable in the accounts mentioned here under of the late _____as his/her nominee in full and final settlement of the claims * by substitution of my name to the deposit account.

Deposit A/c.No./Assets.	Amount/ValueinRs.

I here by confirm that I have no further claim against the Bank in respect of accounts/assets of the said deceased as nominee and the Bank is fully discharged from all liability and obligation to me or to any person claiming for or through me including the legal heirs of the deceased depositor(s).

Date: Revenue Stamp

WITNESSES:(If nominee affixes Thump impression)

(Signature with name and address of the nominee/ Guardian of the minor nominee)

1.

2.

*Strikeout if not applicable.