

CLAIM APPLICATION CUM-DECLARATION

The Branch Manager,
The State/Central Co-op. Bank Ltd;
B.O.....

Reg: (Full Name of the deceased).....

Dear Sirs,
I/we regret to inform you that
Mr./Mrs./Miss..... who was
having an account with your Bank died intestate at (Place of death) on
..... (Date of death) leaving behind him/her the below mentioned persons as the only
surviving legal heirs. I/We furnish the following the information required by you/me/us to pay
the amount standing in the name of the deceased to..... (Name(s) of
claimants)

- (1) Name of the deceased depositor, his/her religion, permanent residence and last residence.
- (2) Date and Place of death (attach proof of death by way of death certificate)
- (3) Name of the claimant(s) his/her/their father's name, residence and occupation, age, caste/religion.
- (4) Proof of claimant(s) title.
- (5) Amount and nature of deposits, number of shares of subject matter of claim with particulars thereof whether the amount claimed was self-acquired or ancestral property of the deceased.
- (6) Due date of deposit (if the amount or share claimed be in long term deposits).
- (7) Particulars of liabilities of the deceased to the Bank, if any.

(8) (a) Did the deceased leave any will? If so a copy of will thereof duly certified by Magistrate, Oath Commissioner or Notary Public be enclosed.

(b) Is the will registered?

(c) Has probate been obtained from a competent court? If so, its true copy should be enclosed.

(d) Name(s) of the executors, if any or beneficiaries under the will.

(9) (a) Was the deceased at the time of his death member of a Joint Hindu Family?

(b) If so was the Joint Family governed by the **Mitakshara** or **Dayabhaga** Law?

(10) Who are the other members of Joint Family? Give their names ages, occupation, etc. and their relationship with the deceased.

(11) Who is the present Karta of the family?

(12) The claimant's relationship to the deceased and the nature of his/her claim (by inheritance, **bequest** or gift). Is the claimant solely entitle, with other? If the latter state their names, ages, occupation, their relationship to the claimant etc.

(13) (a) Documents in proof of amount of shares claimed.

(b) Whether the documents are in possession of the claimant?

(c) If not, why not?

(14) (a) Names of the legal heirs and their relationship with the deceased (male).

i) Son(s)

ii) Daughter(s)

iii) Widow

iv) Mother

v) Son of predeceased son.

vi) Daughter of predeceased son.

vii) Son of predeceased daughter.

viii) Daughter of predeceased daughter.

ix) Widow of predeceased son.

x) Son of a predeceased son of a predeceased son.

xi) Daughter of a predeceased son of a predeceased son.

xii) Widow of predeceased son of a predeceased son.

- (b) Name of the legal heirs and their relationship with the deceased (Female).
 - i) Son(s)
 - ii) Daughter (s)
 - iii) Children of any predeceased daughter
 - iv) Children of any predeceased son
 - v) Husband

(15) Is any of the legal heirs, executors, or beneficiaries minor? If so, what is the age of the minor(s) and under whose guardianship he/she is? Has any court certified copy or duly attested copy of the court order.

(16) Has any succession certificate or letters of administration been obtained by the claimant(s) from a competent court? If so, its true copy should be enclosed.

(17) Did the depositor make any other disposition of the property? If so, give details.

(18) Are there any claimants? If so, their names particulars and **nature** of the claim.

(19) The following two persons have agreed to sign the Indemnity Bond as sureties jointly with all the surviving legal heirs of the deceased.

(a) Full names of the persons concerned with their Addresses (Office and Residence):

- (1)
- (2)

(b) If the above proposed sureties maintain any account with the _____ State/Central Co-op. Bank Ltd., please give full details of the same hereunder :--

(20) I/We hereby solemnly affirm that the above statement is true that no part of it is false and that nothing has been concealed therein and that I am/We are the only heir(s) and legal representative(s) of the deceased and there is no other claimant to his property.

Yours faithfully,

Signature of claimant(s)

Declared before me by whom I personally know/who has been identified by..... whom I personally know.

Seal of the Court of the Magistrate or Notary Public

Signature of the person/Identifying the declarant before the Magistrate

Signature of the Magistrate or Oath Commissioner or Notary Public before Whom the declaration is made

MANAGER'S REPORT

From :

"I have verified the legal heirs to the property of the deceased Sh.....
.....S/o Sh.....

Account No with this Branch Rs..... as
on..... are outstanding in account. Shri
had died on leaving behind Sh

..... as legal heirs to this property and is/are entitled to take payment of above said account in
equal shares/ (please mention if one share is to be divided in more
heirs) There is no any other legal heir living or dead except mentioned above. (if legal heirs
mentioned are minor the name of the guardian may be mentioned. If the power of attorney has
been executed the details may be given").

I have satisfied myself for the correctness of this payment. Therefore, the payment
maybe made to the following heirs.

1.....Share 2.....Share 3.....Share

Sd/-
Branch Manager.
B.O.....

Sd/-
Manager (H.O.)

**AFFIDAVIT FROM LEGAL CLAIMANTS
AFFIDAVIT**

I/We S/o./D/o./W/o.
resident of
and S/o./D/o./W/o.
resident of
do hereby make solemnly affirm and declare as follows :

1. That Sh/Smt (name of deceased), hereinafter referred to as "deceased", died intestate on at
2. That I am / we are the only legal heir(s) of the deceased and there is no other person legally authorised to be the legal heirs of the deceased.

DEPONENTS

Place :

Date :

VERIFICATION

Verified that the statement of mine/our is true to the best of my/our knowledge and nothing has been concealed therein.

DEPONENTS

TO BE ATTESTED BY NOTARY PUBLIC/MAGISTRATE

AFFIDAVIT

I/We (1) son/s ofand (2)son
of..... residing at (1).....and (2).....do hereby
make oath/ solemnly affirm* and say as follows :

1. That Sh/Smt..... (name of the deceased) (hereinafter referred to as
"the deceased") died intestate on.....at.....

2. That we know the deceased and his family since the last years.

3. That at the time of his death, the deceased left surviving him 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.

- i) (State here the name, age and
- ii) relationship of each of
- iii) the persons with the deceased)

4. That we are 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.

5. That we are informed and we verily believe that the deceased has left certain
deposits/assets* with The Central/State Cooperative Bank Ltd.,
..... Branch/H.O., to which the above mentioned persons are entitled to claim.

6. 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 Central/State Cooperative Bank Ltd Branch/H.O. has
agreed to our request, to make payment of the amounts of the deposit/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 1.
at this.....
day of..... 2.
in the presence of.....
.....

Before me

Judge/Magistrate/ Notary

Seal

* Delete whichever is inapplicable

LETTER OF DISCLAIMER

The Branch Manager
The _____ Central/State Cooperative Bank Ltd.,
_____ Branch/H.O.

Dear Sir,

Sub.: * Account No.....
in the name of
Balance Rs.....- Reg.

With reference to the above account(s), I/we, the following legal heirs of the late Shri/Smt (Name of the deceased account holder), have to advise that I/we have no interest in the above asset(s) and as such, I/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..... (Name of the deceased account holder) to Shri/Smt..... Such delivery or the payment of the balance in the above account(s) would be completely binding on me/us and I/we will not question the Bank's action in so doing, in any proceedings. I/We also undertake to bind myself/ourselves, my/our heirs and legal representatives not to revoke the declaration made herein.

S.No.	Name of Claimants	Age	Signature
1.
2.
3.
4.
5.
6.
7.

Signed before me

This.....day of.....

Notary Public/Magistrate

* Fill in here the type of the account. viz., SB/FD/RD/LTD/Current Account etc.

INDEMNITY BOND

The Manager,
The.....Co-op. Bank Ltd.,
.....

WHEREAS Sh.....S/o Sh.....who breathed his last on
..... was maintaing S.B./Fixed Deposit/Long Term Deposit/Current Account/R.D./P.G.Account with
the State/Central Cooperative Bank, Branch (hereinafter called the Bank) in
which account there was a credit balance of Rs at the time of his death.

AND WHEREAS we the undernoted persons:-

- 1. (Name with age and full address)
- 2.
- 3.

are the only legal heirs or the deceased and are entitled to the above said money.

In consideration of the Bank having agreed to pay above mentioned amount, we the legal heirs of the
deceased and our sureties (1)..... (Name of surety with parentage and full Address)
(2) (Name of surety with parentage and full Address) agree and undertake to
keep the Bank harmless and indemnified against any loss, damage or claim made by any person whosoever
against the Bank in respect of the above amount paid by the Bank at our request.

We bind ourselves jointly and severally to pay the Bank the whole or any part of the aforesaid amount
as the case may be together with interest thereon at the lending rate then prevailing together with any loss,
damage, expenses or cost that the Bank may suffer in case claim is made in respect or the aforesaid amount.
We further undertake that if any claim or recovery in made from the Bank or the Bank is called upon to pay
any amount to any department authority or office of the Government, we shall we liable to make good the same
and pay any such amount nearly on damage from the bank without any demand within three days of any such
demand. The expression "we" herein shall mean executors, administrators, successors and assigns. We have
assured the Bank that estate of the deceased does not attract the payment and estate duty or other Government
Duty and we hereby bind ourselves jointly and severally to keep the bank harmless and indemnified against all
claims or demands regarding estate duty for any other duty.

In witness where of the executors have set and subscribed of their respective hand and signed this
indemnity bond this day of200.....
.....200.....

IN THE PRESENCE OF:

(Executors)

Signature of witnesses
with full address:
1.....
2.....

Signature of legal heirs
1.....

Signatures of sureties
1.....
2.....