

Deceased Account Claim Form

(To be used when account has Nomination or is a Joint account with Survivor or legal Heirs clause)

From _____

**The Manager
The Co op Bank of Rajkot Ltd**

_____ **Branch**

Dear Sir ,

Re: **Deceased Account No.** _____

I/We advise the demise of Shri/Smt _____
on _____. He holds the following account(s) at your branch. The account is in the
name(s) of:

Sr No	Name of the A/c Holder	Type of A/c	A/c No	O/s Balance
01				
02				
03				

I/we lodge my/our claim for the balances with accrued interest laying to the credit of the above
named deceased who died intestate. I/We am/are the

- 01. Survivor / Joint Account Holder of the deceased Account - YES / NO
- 02. Nominee of the deceased Account as per Bank's record - YES / NO
- 03. Legal heirs of the Deceased Depositor - YES / NO

(Strike out which is not applicable)

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.

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Deceased Account Claim Form – Continued - 02

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Sr No	Details	
01	Names in full of the parents of the deceased	Father : Mother :
02	Religion of the deceased	
03	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.	
04	Name or Names of the Guardian/s of the minor Children of the Depositor (a) Whether Natural Guardian (b) Whether Guardian appointed by a Court of Law in India. (c) In whose custody the Minor/Minors is / are?	Yes / No Yes / No (If so please attached a certified or Duly attested copy of the such order)

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification and also submit required papers/ Indemnity Bond (if required) as per Bank's rules and regulation.

Death Certificate issued by : _____

Sr No	Name of the Joint A/c holder / Survivor / Nominee / Legal hairs	Age	Relationship with Deceased Depositor	Identity proof of the Joint A/c Holder / Survivor / Nominee / Legal Hairs
01			:	
02				
03				

I/We request you to pay the balance amount lying to the credit of the above named deceased to

Mr/ Mrs _____.

Deceased Account Claim Form – Continued – 03

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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, (Claimant(s))

Date : _____

01. _____

02. _____

03. _____

04. _____

- Note : PI Attached**
- (1) copy of Death Certificate of Deceased Depositor
 - (2) Photo and photo Proof of Deceased Depositor (if available)
 - (3) Photo and Photo proof of All survivor(s)
 - (4) Address proof of all survivor(s)
 - (5) Letter of Indemnity (6) Consent letter (for more then 1 survivor)
 - (6) Copy of court order (If guardian appointed by the court)

===== For Office Use Only =====

Claim form received on _____

Claim form sent for approval to Head Office
(if claim is more then Rs.. 50000.00) _____

Claim Amount Including Interest as on Date Rs. _____

Claim amount to be pay to Mr / Mrs _____

Name of officer / Manager

Authorised Signatory