

Application for Deletion of Name of in Deceased Depositor And to continue the Account by the Survivor(s)

(Only if Deceased Depositor Name not in first position)
(In case of joint Account with survivor clause)

From _____

The Manager/Asst General Manager
The Co op Bank of Rajkot Ltd
_____ **Branch**

Dear Sir ,

Re: **Deceased Account** - A/c No. _____

I/We advise the demise of **Shri/Smt** _____ on
_____. He/she holds the following account(s) at your branch.

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

I/We Request you to **DELETE** the name of deceased person and continue the account in my/our name(s) with **same mode of operation**.

The relevant information about the deceased and the legal heirs are as under.

Sr No	Details	
01	Names in full of the parents of the deceased	<i>Father Name :</i> <i>Mother name :</i>
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	

Sr No	Details	
05	(a) Whether Natural Guardian (b) Whether Guardian appointed by a 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?	

Now the account will be operated by the following survivor(s) with **same mode of operation.**

Sr No	Name of survivor (s)	A/c No	
01			
02			
03			

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 of Mr/Mrs (Survivor of the Account) : _____

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

If any liability arises in this account between any of the legal heirs, it will solely be my/our responsibility and the Bank bears no such responsibility in what so manner.

Place : _____

Date : _____

Yours faithfully,
(survivor(s) of the Account)

01. _____

02. _____

03. _____

04. _____

Document to be submitted : Death Certificate of deceased depositor
Photo and Identity proof of deceased depositor (if available)
Photo & Identity proof of joint account holder (survivor(s))
Original Term deposit receipt /pass book of account