Application Form for Settlement of Claim in Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Deceased Customer (cases with Nomination or Joint Account with survivorship clause)

Date:

The Branch Manager
.....Bank
.....Branch

Madam/ Dear Sir,

Claim as * Nominee(s)/ Survivor for Payment of Balances in the *Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Shri/ Smt./ Kum. .....(Name of *Deceased/ Missing Customer)

I/ We ..... (Nominee(s)/ Survivor(s)) hereby declare that I am/ we are the *Nominee(s)/ Survivor(s)/ appointed as Guardian of a Minor Nominee(s)/ Survivor in the *Deposit Accounts/ Safe Deposit Lockers/ Articles in Safe Custody kept by Shri/ Smt./ Kum. ..... (Name of Deceased/ Missing Customer) who *expired on...../ is missing/ not traceable since.....

2. I/ We furnish below the required information about the deceased customer:

a) Date and Place of Death .....

b) Details of Death Certificate No. ..... dated..... Authority..... (copy enclosed). (Original to be produced for verification)

c) Age (as on the date of death) : ..... Yrs.

d) Marital Status (as on the date of death) : Married / Unmarried/ Widow(er)

e) Address:

.....
City/ District: ..... PIN: .....State: ..... Country: .....

3. I/ We, therefore, submit my/ our Claim as Nominee(s)/ Survivor(s)/ Guardian on behalf of Minor Nominee(s)/ Survivor for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers/ return of articles in safe custody kept by deceased customer as per details given below:

a) Deposit Accounts

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				

2.				
3.				
4.				
Total				

b) **Safe Deposit Locker No.** : .....Mode of Holding: : .....

Details of Articles (if known): : .....

c) **Safe Custody Article Receipt No.** : .....

Details of Articles (if known): : .....

4. Details of Nominee(s)/ Survivor(s):

1.1. I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) in deposit accounts of the deceased to the account(s) given below:

Sr. No.	**Detail of nominee(s)/ survivor(s)**		**Mobile Number**	**Email Address**	**Bank Name, Account Type & Number, and IFSC details**
	Name	**Address**			
1					
2					
3					
4					

1.2. I/ We request the bank to *release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address
	Name	Address		
1				
2				
3				

4.3 For the minor nominee(s)/ survivor(s), name of such nominee(s)/ survivor(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

2. I/ We undertake that

i. I/ We shall hold/ receive the aforesaid amount/ articles in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.

ii. The aforesaid *accounts/ safe deposit locker/ safe custody articles are not the subject matter of any dispute and that there is no Court order restraining me/ us from claiming or the bank from settling the claim in my/ our favour or otherwise.

iii. I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased or any other dues payable to the bank, from the balance held by the Deceased in the aforementioned account(s).

3. I/ We have attached the following documents for the purpose of settlement of my/ our claim:

☐ *Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)

☐ Officially Valid Document[1] in support of the identity and address of the Nominee(s)/ Survivor(s) making the claim.

4. The facts stated above are true and correct to the best of my/ our knowledge and belief.

5. **Name and signature of the *nominee(s)/ survivor(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:**

Sr. No.	**Name of nominee(s)/ survivor(s)/ Guardian of Minor Nominee(s)**	**Signature/ Thumb impression**
1		
2		

Note: In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the bank.

Name and address of witness (in case of claimant(s) placing the thumb impression):

.....

.....

Signature of witness:

.....

*(Delete whichever is not applicable)

FOR OFFICE USE

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[1] "Officially Valid Document" (OVD) means the passport, the driving licence, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address.

Annex I-B

Application Form for Settlement of Claim in Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Deceased Customer (cases other than Nomination or Joint Account with survivorship clause)

Date:

The Branch Manager
.....Bank
.....Branch

Madam/ Dear Sir,

Claim for Payment of Balances in the *Deposit Accounts/ Release of Contents of Safe Deposit Locker/ Return of Articles in Safe Custody kept by Shri/ Smt./ Kum. ..... (Name of Deceased/ Missing Customer)

I/ We ..... (Claimant(s)) hereby declare that I am/ we are the claimant(s) in the *Deposit Accounts/ Safe Deposit Locker/ Articles in Safe Custody kept by Shri/ Smt./ Kum. ..... (Name of Deceased/ Missing Customer) who *expired on ...../ is missing/ not traceable since .....

1. I/ We furnish below the required information about the deceased customer:
   a) **Date and Place of Death**: .....
   b) **Details of Death Certificate No.** ..... dated..... Authority..... (copy enclosed). (Original to be produced for verification)

   c) **Age** (as on the date of death) : ..... Yrs.

   d) **Marital Status** (as on the date of death) : Married / Unmarried/ Widow(er)

   e) **Address:**

   .....
   City/ District: ..... PIN: .....State: ..... Country: .....

   f) **Religion: .....**

   Mention which law of succession is applicable ..... (Hindu, Mohammedan, etc.)

   g) Name, Relation & Age of the legal heir(s) of the deceased:

Sr. No.	Name & Address	Age	Relation	Mobile Number & Email Address	Whether signing Letter of Disclaimer/ No Objection (Yes/ No)
1					
2					

3					

h) In case of minor legal heir(s), details of Natural Guardian/ Legal Guardian:

Sr. No.	Name of the Minor Legal Heir	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

2. I/ We, therefore, submit my/ our Claim for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers/ return of articles in safe custody kept by deceased customer as per details given below:

a. Deposit Accounts

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
Total				

b. Safe Deposit Locker No. ..... Mode of Holding: .....

Details of Articles (if known): .....

c. Safe Custody Article Receipt No. .....

Details of Articles (if known): .....

3.1 I/ We undertake that

1. I/ We shall hold/ receive the aforesaid amount/ payment in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.
2. The aforesaid *accounts/ safe deposit lockers/ safe custody articles are not the subject matter of any dispute and that there is no Court order restraining me/ us from claiming or the bank from settling the claim in my/ our favour or otherwise.
3. I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased customer or any other dues payable to the bank, from the balance held by the Deceased customer in the aforementioned account(s).
4. To indemnify and hold the bank harmless against any claims, suits, legal proceedings by any legal heirs, executors, administrators, legal representatives, arising out of/ in connection with the settlement of this deceased claim in accordance to this request letter.

3.2 I/ We declare that

(Select the applicable option)

☐ there is **no** Will left behind by the Deceased to the best of my/ our knowledge and belief.
☐ The Will submitted by me/ us is the last Will left behind by the Deceased and the same is not the subject matter of any dispute.

3.3 I/ We lodge my/ our claim for the above *balance with accrued interest/ safe deposit locker/ articles in safe custody of the above-named deceased in terms of:

(Select the applicable option)

☐ Will of Late Shri/ Smt/ Kum. ..... dated ..... (copy enclosed). The Will has neither been Probated nor has any Letter of Administration been obtained with respect to the same.

☐ Will of Late Shri/ Smt/ Kum. ..... dated ..... and a probate granted by the court of ..... located at .....vide order dated ..... (copy enclosed).

☐ Letter of Administration No. ..... dated ..... issued by ..... at ..... (copy enclosed).

☐ Succession Certificate dated ..... granted by the Court of ..... located at..... vide order dated..... (copy enclosed).

☐ Court decree dated ..... issued by the Court of ..... located at ..... (copy enclosed).

☐ Legal Heir Certificate granted by ..... at.....vide order dated ..... (copy enclosed).

☐ Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased depositor (copy enclosed).

4.1 I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) to the account of claimant(s) given below:

Sr. No.	**Name of Claimant**	**Bank Name and A/c No.**	**IFSC**	**Branch Details**
1				
2				
3				
4				

For the minor claimant(s), name of such claimant(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor
1				
2				

4.2 I/ We request the bank to * release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr. No.	Name of Claimant
1	
2	
3	
4	

5. I/ We have attached the following documents for the purpose of settlement of my/ our claim (select the applicable documents):

- ☐ *Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)
- ☐ Officially Valid Document in support of the identity and address of the Claimant(s) making the claim.
- ☐ Will/ Probate of Will
- ☐ Letter of Administration
- ☐ Succession Certificate
- ☐ Court Decree/ order
- ☐ Legal Heir Certificate
- ☐ Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased customer
- ☐ Bond of indemnity signed by Claimant(s)
- ☐ Bond of indemnity/ surety signed by Third Party(ies)
- ☐ Letter of disclaimer/ no objection from non-claimant legal heir(s)

Note: "Officially Valid Document" (OVD) means the passport, the driving licence, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address.

6. The facts stated above are true and correct to the best of my/ our knowledge and belief.

7. Name and signature of the claimant(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:

Sr. No.	Name of the Claimant/ Guardian of Minor Claimant	Signature/ Thumb impression
1		
2		
3		
4		

Note: In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the bank.

Name and address of witness (in case of claimant(s) placing the thumb impression):

Signature of witness:

*(Delete whichever is not applicable)

Note :1. Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Document in case there are disputes among legal heirs and all of them do not join in indemnifying the bank, or give Letter of Disclaimer/ No Objection, or where the bank has reasonable doubt about the genuineness of the claimant(s) being the only heirs of the deceased customer. The bank shall duly advise the claimant(s) in such cases.

2. In case the bank receives multiple claims from legal heirs of the deceased or in cases where there are inter se disputes amongst the legal heirs or a third party produces Will of the deceased, the bank shall not settle the claim unless the concerned party produces an Order/ Decree from Competent Court or Probate of the Will (as may be applicable), till such time the claim shall be kept on hold/ pending.

FOR OFFICE USE

Annex I-C

BOND OF INDEMNITY/ SURETY*
(To be duly stamped as per the Stamp Act applicable to the State and attested by a Notary/Magistrate)

(For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

The Branch Manager
.....Bank
.....Branch

Date:

IN CONSIDERATION of your paying or agreeing to pay us,
(Mention here the name of the claimant(s))

1. .....
2. .....
3. .....
4. .....

the sum of Rupees ..... standing at the **credit of following deposit accounts with your bank in the name of Shri/ Smt./ Kum. ..... since deceased, **without production of a Court Order or Probate of Will or Letter of Administration or a Succession Certificate** to his/ her estate:

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
Total				

We, ..., do hereby for
(Mention here the Name of the **claimant(s)/ surety(ies))

ourselves and our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you, the bank, its officers/ Directors, and its successors and assignees against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/ or paying the said sum to the claimant(s) as aforesaid.

Annex I-C

BOND OF INDEMNITY/ SURETY*
(To be duly stamped as per the Stamp Act applicable to the State and attested by a Notary/Magistrate)

(For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

Date:

The Branch Manager
.....Bank
.....Branch

IN CONSIDERATION of your paying or agreeing to pay us,
(Mention here the name of the claimant(s))

1. .....
2. .....
3. .....
4. .....

the sum of Rupees ..... standing at the **credit of following deposit accounts with your bank in the name of Shri/ Smt./ Kum. ..... since deceased, **without production of a Court Order or Probate of Will or Letter of Administration or a Succession Certificate** to his/ her estate:

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
Total				

We, ..., do hereby for
(Mention here the Name of the **claimant(s)/ surety(ies))

ourselves and our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you, the bank, its officers/ Directors, and its successors and assignees against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/ or paying the said sum to the claimant(s) as aforesaid.

SIGNED AND DELIVERED by the above named

1. .....
2. .....
3. .....
4. .....

(Heir(s)/ claimant(s) of the deceased customer)

Signed and delivered by the above named on this ... day of .....two thousand .....

*SIGNED AND DELIVERED by the above named

1. .....
2. .....

(Sureties)

Signed and delivered by the above named on this .....day of .....two thousand_____
.....

* Surety is applicable only in case of claims above the threshold limit.
**(Delete whichever is not applicable)

Opinion Report on Surety

Details to be furnished by the surety

1.	Name in Full	
2.	Address	
3.	Academic Qualification	
4.	Age	
5.	Occupation (If employed, please state the name of the employer and since when employed).	
6.	Present Monthly Income/ Salary	
7.	Total yearly income from all sources	
8.	No. of dependents	
9.	Personal Assets	
a.	Immoveable Property, viz., land/ Building, etc. (please give details of acquisition, present value, etc.)	
b.	Investments (Term Deposits, Shares, etc., if any)	
c.	Life Insurance Policy	
d.	Other Assets	
e.	Details of Bank Accounts, if any (Name and address of Bank with Account No. (Savings bank/ Current) to be furnished).	
10.	Personal Liability, if any	
11.	Please indicate whether surety is related to claimant(s) Yes/No	
12.	Period for which claimant(s) are known	Yrs.

I confirm that all the statements made by me in this application are true and correct to the best of my knowledge and belief.

Place
Date:

Signature
(**Surety**)

Remarks of the Bank Official

Annex I-D

LETTER OF DISCLAIMER/ NO OBJECTION

(To be duly stamped as per the Stamp Act applicable to the State and attested by a Notary/Magistrate)

The Branch Manager
..... Bank
..... Branch

Dear Sir,

Details of deposit account(s)/ safe custody articles/ safe deposit locker in the name of Shri/ Smt./ Kum. ..... since deceased are as follows:

a. Deposit Accounts

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
Total				

b. Safe Deposit Locker No. ..... Mode of Holding: .....

c. Safe Custody Article Receipt No. .....

Details of Articles (if known): .....

With reference to the above account(s)/ safe deposit locker/ safe custody articles, I/ We, the legal heirs of Shri/ Smt./ Kum. ..... (Name of deceased customer), have to advise that we have no interest in the above deposits/ assets and as such we have no objection to your paying the *balance amount in the above account(s)/ releasing the contents in safe deposit locker/ returning the safe custody articles lying with you in the name of the aforesaid Shri/ Smt./ Kum. ..... (Name of the deceased customer) to Shri/ Smt./ Kum.:

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

Such payment of the *balance in the above account(s)/ release of the contents in safe deposit locker/ return of the safe custody articles would be completely binding on us and we will not question the bank's action in doing so. I/ We undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Sr. No.	Name of the Non-claimant Legal Heir(s) (who relinquish their rights)	Age (yrs.)	Signature

1			
2			
3			
4			

Signed on this .....day of .....two thousand .....
*(Delete whichever is not applicable)

Annex I-E

DECLARATION/ AFFIDAVIT

(To be duly stamped as per the Stamp Act applicable to the State and attested by a Notary/Magistrate)

I, ... S/D/O ..... residing at ..... do hereby make oath*/solemnly affirm and say as follows:

1. That Shri/ Smt. /Kum. ..... (Name of the deceased customer) hereinafter, referred to as "the deceased" died intestate on.....at.....

2. That I know the deceased and his/ her family since the last ..... years.

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

Sr. No	Name	Age (yrs.)	Relationship with the deceased
1			
2			
3			
4			

4. That I am not related in any manner whatsoever to the deceased or any of the above-mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

5. That I am informed, and I verily believe that the deceased has left certain *deposits/ safe deposit locker/ articles in safe custody with the ..... Bank..... branch, to which the above-mentioned persons are entitled to claim.

6. That I am 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 ..... Bank ..... branch, has agreed at my request to make payment of the amount of the deposits and *deliver the articles in safe deposit locker/ safe custody to the above mentioned persons without requiring production of a grant of legal document to the estate of the deceased from a competent Court by them.

*Sworn/ solemnly affirmed at this .....day of.....two thousand.....

(Signature of Declarant) **before me**

in the presence of .....

Notary Public/ Judge/ Magistrate**

*(Delete whichever is not applicable)

** The declaration is required to be sworn as an affidavit before a Notary Public/ Judge/ Magistrate only if the claim amount is above the threshold limit.

Annex I-F

Form of Inventory and Acknowledgement of Contents of Safe Deposit Locker

The following inventory of contents of Safe Deposit Locker No. ..... located at ..... Branch of ..... Bank,

*hired in her/ his sole name by Shri/ Smt./ Kum. ..... (deceased),
*hired jointly by Shri/ Smt./ Kum. (i) ..... (deceased)
(ii) .....
(iii) .....

was taken on this .....day of ..... two thousand.....

Sr. No.	Description of Articles in Safe Deposit Locker	Other identifying particulars, if any
1		
2		
3		
4		
5		
6		
7		
8		

2. For the purpose of inventory, access to the locker was given to the nominee(s)/ survivor/ legal heirs/ beneficiary named in the Will or their duly authorised representative/s:
   - *By breaking open the locker under her/ his/ their instructions.
   - *Who produced the key to the locker

3. The above inventory was taken in the presence of:

   i. Nominee(s)/ Legal heir/ Beneficiary named in the Will of deceased hirer(s) or their duly authorised representative

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Shri/ Smt./ Kum. .....

.....

Address .....

(Signature)

And

ii. Survivors in case of Joint hirers (if applicable)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

iii. Witness(es)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

iv. On behalf of Bank

Custodian:

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Bank employee other than Custodian:

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

* (Delete whichever is not applicable)

ACKNOWLEDGEMENT

*I/ We, Shri/ Smt./ Kum. _____

_____

(Name of the nominee(s)/ legal heir(s)/ beneficiary named in the Will or their duly authorised representative and

Shri/ Smt./ Kum. _____

_____

(surviving hirers, if applicable)

hereby acknowledge the receipt of the contents of the safe deposit locker comprised in as set out in the above inventory. Further, all the contents in the locker have been removed and the locker is empty, and I/ we have no objection to allotment of the locker to any other locker hirer as per norms of the bank.

Shri/Smt./ Kum. .....

.....
Signature

Shri/Smt./ Kum. .....

.....
Signature

Date and Place .....

(*Delete whichever is not applicable)

Annex I-F

Form of Inventory form for Articles in Safe Custody

The following inventory of articles left in safe custody with ..... Branch of ..... Bank, by Shri/ Smt./ Kum. ..... (deceased), under an agreement/ receipt number ..... dated ..... was taken on this .....day of ..... two thousand.....

Sr. No.	Description of Articles in Safe Custody	Other identifying particulars, if any
1		
2		
3		
4		
5		
6		
7		
8		

The above inventory was taken in the presence of:

i. **Nominee(s) or Legal Heir or Person mandated by Nominee(s) (including Minor Nominee(s))/ Legal Heir**

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

ii. **Witness(es)**

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

iii. On behalf of Bank

Custodian:

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

Bank employee other than Custodian:

Shri/ Smt./ Kum. .....
Address .....

.....
(Signature)

* (Delete whichever is not applicable)

ACKNOWLEDGEMENT

*I/ We, Shri/ Smt./ Kum. ..... nominee(s)/ legal heir/ mandate holder

*We, Shri/ Smt./ Kum. ..... legal heirs, and

Shri/ Smt./ Kum. ..... surviving hirers.

hereby, acknowledge the receipt of the articles kept in the safe custody comprised in as set out in the above inventory.

Shri/ Smt./ Kum .....
(Legal Heir/ Mandate Holder)

Shri/ Smt./ Kum. ..... Signature .....

Shri/ Smt./ Kum. ..... Signature .....

Shri/ Smt./ Kum. ..... Signature .....

Date and Place .....

(*Delete whichever is not applicable)

Annex I-H

BOND OF INDEMNITY WITH RESPECT TO DELIVERY OF CONTENTS OF SAFE DEPOSIT LOCKER/ ARTICLES KEPT IN SAFE CUSTODY BY THE DECEASED CUSTOMER

(to be submitted in case of claims settled without production of Legal Documents)

(To be stamped as per the Stamp Act applicable to the State and attested by a Notary/Magistrate)

The Branch Manager
..... Bank
..... Branch

In consideration of your delivering or agreeing to deliver to me/ us,
.....
.....
(Claimant(s))
the articles mentioned hereunder:

Safe Deposit Locker No./ Safe Custody Article Receipt No.	**Details of the articles**	**Description**	**Weight**	**Valuation (to be filled in by the bank)**

and held in the name of Shri/ Smt./ Kum. ..... since deceased, without production of any probate of Will/ succession certificate/ letters of administration/ court order

I/ We .....and ..... *(Claimant(s))*

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally undertake and agree to indemnify you, the bank, its officers/ Directors, and its successors and assignees against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against you or incurred by you by reason or in consequence of having delivered or agreed to have deliver to me/ us the above mentioned articles of the deceased from the safe deposit locker/ sealed boxes in safe custody.

Signed and delivered by the above named on this .....day of ..... two thousand .....

SIGNED AND DELIVERED by the above named
(1) ....
(2) .... *(Claimant(s))*

Annex I-I

RECEIPT FROM NOMINEE

Received with thanks from Punjab National Bank, ... branch, a sum of Rs. ..... (Rupees ..... only) by Banker's Cheque No. ..... dated .....in favour of ..... in full and final settlement of my/our claim as nominee on the balance in ..... Account(s) No(s). ..... standing in the name of the deceased Shri/Smt/Kum. ..... I/We do not have any other claim from the Bank henceforth.

I hereby confirm that the payment has been received as trustee (s) of the legal heirs of the deceased.

Place: Date:	Revenue stamp

(Signature of Nominee)

.....

Annex I-J

RECEIPT FROM CLAIMANT

Received with thanks from Punjab National Bank, ... branch, a sum of Rs. ..... (Rupees ..... only) by Banker's Cheque No. ..... dated ..... in favour of ..... in full and final settlement of my/our claim as legal heir/claimant on the balance in ..... Account(s) No(s). .....standing in the name of the deceased Shri/Smt/Kum. ..... I/We do not have any other claim from the Bank henceforth.

I /we hereby confirm that the payment has been received for self and for and on behalf of other legal heirs of the deceased.

Place: Date:	Revenue stamp

(Signature of the legal heirs)

DECLARATION

(In case funds are settled in favour of a Minor)

I, ... father/mother/duly appointed guardian of ..... hereby certify that the proceeds of the Banker's Cheque No. ..... dated.....favoring ..... issued by Punjab National Bank, ...branch, in settlement of the balance in account number ..... of Late.....will be utilized for the benefit of the minor only.

Signature

Date :

Place

Annex I-K

POWER OF ATTORNEY
(For deposit accounts)

(To be stamped as special Power of Attorney as per rates prevailing in the States and attested by a Notary/Magistrate)

KNOWN ALL MEN BY THESE PRESENTS THAT I / WE..... S/O..... W/O..... do hereby appoint Sh ..... S/O..... Sh ..... R/O ..... as my/our attorney in my/our name and on my/ our behalf to do or execute all or any of the acts or things: -

WHEREAS Shri/Smt.....had the following accounts with Punjab National Bank, Branch Office ..... and WHEREAS He/She/has expired on .....Leaving behind ..... (No.) legal heirs namely.....

Sl.	Details of accounts of the deceased	Balance (Rupees)

AND WHEREAS I/We cannot present, myself/ourselves to receive my/our share in the said amounts and give discharge to the bank.

By virtue of this power of attorney, the said nominated attorney will do the following acts etc. that is to say:

i. To receive my/our share in the aforesaid amounts lying with BO: .....
ii. To give receipt and proper discharge to the bank in connection with the above amounts received on my/our behalf
iii. To execute Indemnity Bond and arrange for surety in respect of my/our share in the said amounts received.
iv. Generally to do all lawful acts necessary for receiving of the said amounts from the bank.

AND I / We hereby agree that all acts, deeds and things lawfully done by my/ our said attorney shall be deemed as acts, deeds and things done by me/ us personally and I / we undertake to ratify and confirm all and whatsoever that my /our said attorney shall lawfully do or cause to be done for me/ us by virtue of powers hereby given.
IN WITNESS WHEREOF I/We have signed this deed on this ..... day of... .....202 ..

EXECUTANT(S)

1) Witness

2) Witness

(If different person execute at different places / dates, the place/ date be not filled up. The place / date be indicated against their respective signatures)

Annex I- L

POWER OF ATTORNEY

(For Lockers)

(To be stamped as special Power of Attorney as per rates prevailing in the States and attested by a Notary/Magistrate)

KNOW ALL MEN BY THESE PRESENTS THAT I/WE ..... S/o ..... R/O ..... do hereby appoint Sh. ..... S/o ..... R/O..... as my/our attorney in my/our name and on my/ our behalf to do or execute all or any of the acts or things mentioned hereinbelow.:

WHEREAS Shri/Smt ..... had locker No ..... with Punjab National Bank, a body corporate constituted under the Banking Companies (Acquisition and Transfer of Undertakings) Act of 1970, having it's Head Office at Plot No. 4, Sector – 10, Dwarka, New Delhi -110075 and inter alia a Branch Office .....

AND WHEREAS He/ She has expired on ..... leaving behind ..... legal heirs.

AND WHEREAS I/ We cannot present myself/ ourselves to open the locker, receive the contents thereof and give discharge to the bank.

By virtue of this power of attorney, the said nominated attorney will do the following acts etc. that is to say:

1) To have access, to open the said locker and to receive contents thereof
2) To sign the inventory of the contents of locker and receive copy thereof, give receipt and proper discharge to the bank in connection with the receipt of contents of locker.
3) To execute Indemnity Bond and arrange for surety in respect of my/our share in the contents of the said locker.
4) Generally to do all lawful acts necessary for receipt of the contents of the said locker.

AND I/We hereby agree that all acts, deeds and things lawfully done by my/ our said attorney shall be deemed as acts, deeds and things done by me/ us personally and I / we undertake to ratify and confirm all and whatsoever that my /our said attorney shall lawfully do or cause to be done for me/ us by virtue of powers hereby given.

IN WITNESS WHEREOF I / We have signed this deed on this _____ day of _____ year

EXECUTANT(S)

1) Witness

2) Witness

(If different person execute at different places / dates, the place/ date be not filled up. The place / date be indicated against their respective signatures)