Annex I-A

Application Form for Settlement of Claim in Deposit Accounts/ Release of Contents of Safe Deposit Lockers 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/ Survivor for Payment of Balances in the Deposit Accounts/ Release of Contents of Safe Deposit Lockers kept by Shri/ Smt./ Kum.____(Name of Deceased/ Missing Customer)

1. 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/ Survivor in the Deposit Accounts/ Safe Deposit Lockers 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:_____

(f) Religion_____ (Mention Hindu Law, Muslim Law, Christian Law etc)

3. I/ We, therefore, submit my/ our Claim as Nominee(s)/ Survivor(s)/ Guardian on behalf of Minor Nominee/ Survivor for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers 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) CC/OD/TL (Credit Balance A/c No. _____ & Amount Rs. _____

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

4.2 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	Nature of Deposits (SB/ CA/ TD/ etc.)		Account No.	Amount	Date of Maturity (in case of TD)
	Name	Address			
1					
2					
3					
4					

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

Sr. No	Detail of nominee(s)/ survivor(s)		Mobile No.	Email Address
	Name	Address		
1				
2				
3				
4				

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						
3						
4						

5. 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 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).

iv. I/We 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.

v. I/We further declare that there is no will left behind by the Deceased to the best of my/our knowledge and belief.

6. 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.

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

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

Sr. No.	Name of nominee(s)/ survivor(s)/ Guardian of Minor Nominee	Signature/ Thumb impression[2]
1		
2		
3		
4		

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

Sr. No	Nature of Deposits (SB/ CA/ TD/ etc.)		Mobile No	Email Address
	Name	Address		
1				
2				
3				
4				

Signature of witness: _____

Before me _____

1. "Officially Valid Document" (OVD) means the passport, the driving license, 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.
2. 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.

Important:

1. Signatures should be attested.
2. In cases where the nominee/survivor is claiming the entire amount standing to the credit of the deceased account holder by virtue of nomination/survivorship clause, the signature of the **legal heirs need not be** obtained.
3. If the nominee/Survivor is an SVC Bank customer, then signatures can be attested by the SVC Bank Branch Manager where the nominee/survivor maintains an account or any other SVC Branch. In all other cases signatures should be attested either by, Notary Public, Branch Manager, Advocate, Chartered Accountant. Full name and address of the person attesting the signature should be given).
4. **The application should be submitted along with the following**: -
   - Certified copy of the death certificate/FIR copy & non-traceable report from police Authority/ Civil Death certificate Issued by Court.
   - The Original Share Certificate/s, FD Receipts, SVCC.
   - Passbook, Unused Cheque leaves.
   - Locker Key

- Unclaimed dividend warrants.
- All other relevant papers.
- Copy of the ration card of the deceased account holder.
- Proof of the identity (POI and POA) of the claimant.

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 amongst 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.

RECOMMENDATION OF THE BRANCH

The Branch confirms the amount/s standing to the credit of the deceased in favour of Mr/Ms._____survivor/ Nominee /Claimant/court appointed guardian as mentioned above and recommends that the amounts as claimed, be released.

Date: **Signature of the Branch Manager**