

Claim Application form



From

Date:

To,

The Branch Manager
New India Co-operative Bank Ltd,
_____ Branch

Sub: Claim settlement of SB/CA/TD/locker no. _____ in the
name of _____

Claimant's name: _____

Dear Sir,

I/We _____

would like to inform the bank about the demise of _____

on _____ having SB/CA/TD/Locker no. mentioned above in your branch.

Further:

1. The nominee(s)/survivor(s)/legal heirs(s) to the above account/locker are

Sr. No.	Name	Age	Relationship

(to be filled only if there are minor nominees/legal heirs)

	Minor I	Minor II	Minor III
Name of minor			
Name of guardian			
Guardian type			
Relationship with guardian			
Guardian's signature			

(if guardian is appointed by court then duly attested court order/letter of administration should be attached)

2. Deceased has died testate/intestate

3. The claim may be settled as per

- Nomination Probated Will
- Succession certificate Letter of administration
- As per bank's policy, in absence of above

4. The claim amount/contents of the locker should be given to:

(Please tick as applicable)

- a. As per Nomination
- b. As per instructions in succession certificate/Probated Will/Letter of administration
- c. _____ *not more than one claimant* _____ who is authorized by legal heirs and consent of which has been given hereunder vide their signature:

Sr. No.	Name <i>(as mentioned in point 1)</i>	Signature

5. Details of claimant (should be as per point 4 above):

<p><i>Claimant I</i></p> <p><i>Affix passport size photograph</i></p> <p><i>(Sign across the photo)</i></p>	<p><i>Claimant I</i></p> <p><i>Affix passport size photograph</i></p> <p><i>(Sign across the photo)</i></p>	<p><i>Claimant I</i></p> <p><i>Affix passport size photograph</i></p> <p><i>(Sign across the photo)</i></p>
<p><i>Signature of the claimant</i></p>	<p><i>Signature of the claimant</i></p>	<p><i>Signature of the claimant</i></p>

6. Kindly settle the claim by

- Paying in cash Credit to my/our SB/CA/OD A/c no. _____
- Issuing PayOrder/DD Open & Credit the amount in minor's a/c
- NEFT/RTGS to my/our SB/CA a/c no. _____ with
_____ bank, _____ branch bearing
IFSC code: _____
- Handover the contents to _____ as
per point 4 above

7. List of documents submitted:

(Please tick as applicable. For list of applicable documents please seek advice from Bank's staff)

- Identity proof of claimant
- Address proof of claimant
- Death proof of deceased
- Third party declaration
- Cancelled cheque of beneficiary in case of NEFT/RTGS payment
- Other Please specify _____

I/We hereby solemnly affirm that the information given above is true and correct to the best of my/our knowledge and belief. Any additional papers required by the Bank for settlement of the subject claim will be submitted.

Yours Sincerely,

Signature of Claimant(s)

FOR OFFICE USE

Claim processed by: _____ Processing date: _____

Processor's remarks: _____

Signature: _____

Claim sanctioned by: _____ Sanction date: _____

Sanctioning authority's remarks: _____

Signature: _____

Declaration for claim settled in favour of a minor

I, _____ natural/legal guardian of _____ hereby certify that, amount/contents of locker received from New India Co-op. Bank Ltd towards claim settlement against the a/c/locker of Late Shri/Smt. _____ vide claim application dated _____ will be utilized for the benefit of the minor only.

Signature: _____

Name : _____

(Natural / Legal Guardian)

CLAIM RECEIPT

Received an amount of Rs. _____/- (Rupees
_____ only)

from New India Co-operative Bank Ltd. towards the claim settlement of
late _____ wide the claim application dated

Claimant Name:

Place:

Date:



Claimant's signature

Undertaking for claim settlement

To,

The Branch Manager,
New India Co-op. Bank Ltd.,
_____ branch.

Sub: Claim settlement of A/c no. _____ in the name of _____

Dear Sir,

I/We _____ the legal heirs of the deceased late Shri./Smt. _____ having A/c no. _____ with your bank, request you to settle the claim amount of Rs. _____ (Rupees _____ only) in favour of Shri./Smt. _____ (claimant) without production of Probated Will/Letter of Administration/Succession Certificate.

We do hereby for myself/ourselves and my/our heirs, legal representatives, executors and administrators, jointly & severally UNDERTAKE AND AGREE to indemnify you and your successors and assign 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 you having agreed to pay/or paying the said sum as aforesaid to Shri./Smt. _____ (claimant)

Yours Sincerely,

(To be signed by all legal heirs including claimant)

Sr. No.	Name	Relationship with deceased	Signature

Place:

Date:

INDEMNITY BOND

THIS DEED OF INDEMNITY executed at Mumbai, on this day of _____ by

1) _____
Name of the legal heir *age* *year, resides at*

2) _____
Name of the legal heir *age* *year, resides at*

3) _____
Name of the legal heir *age* *year, resides at*

4) _____
Name of the legal heir *age* *year, resides at*

5) _____
Name of the legal heir *age* *year, resides at*

(hereinafter called the OBLIGATOR which expression shall unless executed by or repugnant to the context include their respective heirs, executors, administrators and legal representatives) of the ONE PART do hereby bind ourselves jointly and severally to pay to and indemnify the NEW INDIA CO-OPERATIVE BANK LTD., a bank registered under Multi State Co-op. Societies Act, 2002, having Corporate Office at Anant Vishram Nagvekar Marg, Prabhadevi, Worli, Mumbai – 400 025 and its Branch at _____ (hereinafter called the BANK which expression shall unless executed by or repugnant to the context include its successors and assigns) of the SECOND PART in the manner hereinafter appearing.

WHEREAS

1. The Late _____ residing at _____ (hereinafter referred to as THE DECEASED) had a sum of Rs. _____/- to his credit under A/c. No. _____ /contents of locker no _____ with the Branch of the Bank.

2. The deceased died intestate on _____ and the contents of above locker no. /the deposit has now become payable with the interest to the legal heirs of the deceased. The obligator claim to be entitled to the said payment of monies as and when each becomes due, as heir/s of the deceased but not obtained letter of administrator or a succession letter of heir ship to the assets and effects of the deceased.

3. The obligator no 1 vide his/her claim application dated _____ has claimed the amount standing in the name of the deceased in the various deposit accounts/possession of the contents in the locker standing in the name of the deceased. The other obligators have also given their consent in favour of the obligator no 1 to claim the assets standing the name of the deceased to the bank.

4. On the basis of the claim application received from obligator no 1 and the consent received from other obligators, the Bank on _____ (date) granted the claim in favour of obligator no 1.

5. Accordingly the Bank is *giving contents of the locker/paying amount* of Rs _____ /- (Rupees _____) being the amount of balance together with interest upto date standing in the name of the deceased in various deposit accounts as mentioned in the claim application to the claimant/obligator no 1 Mr./Mrs _____.

NOW THIS DEED OF INDEMNITY WITNESSETH that consideration of the Bank agreeing to *giving contents of locker/payment of the monies* as and when they become due together with interest due thereon the obligator jointly or severally does/do hereby undertake to indemnify and always keep indemnified the Bank and its Officer, servants or agents in the event of any claim being made by any person against Bank & its officers, servants or agents with respect to the claim settlement whole or in part or with respect to any payment in respect thereof including interest and agree to forthwith refund on demand to the said Bank the sum together with the interest and the obligator each of them shall otherwise keep indemnified and saved the Bank and its officers and servants or agents harmless from all liabilities, actions, suits and other expenses whatsoever, which shall may at time or times hereafter be brought by reason of payment of aforesaid sum in respect of any claim arising there from.

IN WITNESS WHEREOF the parties hereunto set their respective hands on the _____ day of _____ 20

1) *Name* _____ *Signature* _____

2) *Name* _____ *Signature* _____

3) *Name* _____ *Signature* _____

4) *Name* _____ *Signature* _____

5) *Name* _____ *Signature* _____

In the presence of:

1) *Name* _____ *Signature* _____
Address _____

2) *Name* _____ *Signature* _____
Address _____

Sign & Seal of the Notary

Date:

Sr. No:

THIRD PARTY DECLARATION FORM

I, _____ *First name* _____ *Middle name* _____ *Last name* _____ residing
at _____

do hereby declare and state as follows:

I know the deceased _____ for the last _____ years,
residing at _____

He/she died on _____ at _____ leaving behind the following
family members: *dd-mm-yy* *Place*

Sr. No.	Name of the family members	Age	Relationship with deceased

I hereby solemnly affirm that the information given above is true and correct to the best of my knowledge and belief.

Signature:

Place:

Date:

Encl: Identity & Address proof