

MAHARASHTRA GRAMIN BANK
H. O. : SHIVAJINAGAR, NANDED

LEGAL CELL



FORMATS - DECEASED CLAIMS



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Settlement of Claims in respect of deceased Depositors
Check-list of Documents

Claims	Documents obtained Yes / No
1. Accounts with Nomination Clause :	
(i) Application for Deceased Claim from Nominee (Annexure-3) :	
(ii) Copy of death certificate (Verified with Original)	
(iii) Identity proof (as defined in Para-5)	
2. Joint Accounts with Either or Survivor Clause :	
(i) Application for Deceased Claim from survivor(s) (Annexure-3)	
(ii) Copy of Death Certificate (Verified with Original)	
3. For cases other than Nomination/Joint Accounts with Survivor Clause : (For amounts up to Threshold Limit)	
(i) Application for Deceased Claim (Annexure-4)	
(ii) Copy of death certificate	
(iii) Letter of Indemnity signed by claimant(s) (Annexure-5)	
4. Receipt (Annexure-6)	

APPLICATION FOR DECEASED CLAIM

(To be used when account has nomination or is a joint account with survivor clause)

From :

To

The Branch Manager,
Maharashtra Gramin Bank
Branch : _____

Dear Sir,

Reg. Deceased Account of Late Shri /Smt. _____
A/c No (s) _____

I/We advise the demise of Shri/Smt. _____ on _____.

He / She holds the above account(s) at your branch. The account is in the name(s) of _____

A. In case of Nomination

I, son / daughter of Shri
..... residing at
..... am

- (i) the registered nominee in the above account (s)
- (ii) the person authorized to receive payment on behalf of Master / Miss
..... Who is the nominee in the above
account(s) and is a minor as on the date of the claim.

Please settle the balance in the account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heirs of the deceased.

B. In the case of joint account

I/We request you to delete the name of deceased person and continue the account in my/our name(s) with same mode of operations.

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 (required in nomination cases) _____

Yours faithfully,

{Claimant(s)}

Place:

Date :

APPLICATION FOR DECEASED CLAIM

(To be used for cases other than nomination/joint account with survivor clause)

From :

To

The Branch Manager,
Maharashtra Gramin Bank
Branch : _____

Dear Sir,

Reg. Deceased Account of Late Shri /Smt. _____
A/c No (s) _____

I/We advise the demise of Shri/Smt. _____ on _____.

He / She holds the above account(s) at your branch. The account is in the name(s) of _____

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died in testate. I/We am/are the legal heirs of the above named deceased 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:

1. Names in full of the parents of the deceased:
Father _____
Mother _____
2. Religion of the deceased: _____
3. 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 Kart and Coparceners with their respective ages.

Sr No.	Full Name/Address	Occupation	Relationship with Deceased	Age

4. Name or names of the Guardian/s of the minor, Children of the depositors:

- a. Whether Natural Guardian:
- b. Whether Guardian appointed by 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?

5. Claimant/s name/s and address in full

- i. _____
- ii. _____
- iii. _____

I/We submit the following documents. Please return the original death certificate to us after verification.

- 1. Death Certificate (Original + 1 photocopy) issued by-----
- 2. Letter of indemnity

We request you to pay the balance amount lying to the credit of the above named deceased to on my/our behalf.

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

Place:
Date:

Yours faithfully,
Signature of Claimant (s)

Sr No.	Name of Claimant	Address	Signature
1.			
2.			
3.			
4.			
5.			

Affidavit cum Indemnity Letter

In respect of payment of balance in deposit accounts / contents of safe deposit locker/ safe custody articles of deceased person;

(To be stamped with the duty payable for affidavit & Indemnity bond)

I/We Mr./Ms./Miss

(Name/s of the claimant/s),

(s/o, w/o, d/o),

Address:

Age:

do hereby solemnly affirm and state as follows:

1. I/We am/are the legal heirs of Mr./Ms/Miss (Name of deceased account holder) and the deceased is my/our (Father/mother/wife/husband/son/daughter etc.)
2. I/We further state that I/We the following legal heirs are the only legal heirs entitled to claim the balance deposit/amount /jewels/ ornaments and other valuables the contents held in the locker/safe custody:

Sr. No.	Name	Age	Relationship to the deceased
1.			
2.			
3.			
4.			
5.			

3. I/We further state that the deceased was holding an account (hereinafter referred to as "the account") (specify the account details) _____ in _____ branch of _____ bank (herein after referred to as "the Bank"). At the time of the death of the deceased the account was having a credit of Rs _____ (balance amount in the account) which includes interest up to _____ (date of payment) amount to Rs. _____ (amount being now paid).
4. I/We affirm that I/We am/are the sole legal heirs of the deceased who are entitled to receive the amount standing in the credit of the account belonging to the deceased.

5. I/We have requested the bank to make the payment of the amount standing in the credit of the account belonging to the deceased together with interest thereon as applicable to shri / smt. _____ being one of the legal heirs for and on behalf of all the legal heirs.

OR

I/We have requested the bank to hand-over contents of the safe deposit locker/items held in safe custody to Shri/Smt. _____ being one of the legal heirs for and on behalf of all the legal heirs.

6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased.
7. I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the bank, its successors and assigns and its managers, agents, officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody..

All the averments made herein before are true and correct and I/We put my/our signature/mark on this _____ Day of _____ 200__ at _____ in the presence of _____

Signature of Witness

Signatures(s) of deponents (Claimants)

(Affidavit to be attested by Notary Public)

RECEIPT

Received with thanks from Maharashtra Gramin 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 successor 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.

Place :

Date :

(Signature of all the legal heirs over a revenue stamp)

Declaration in case funds are settled in favour of a Minor

I, _____ father and natural guardian of _____ hereby certify
that the proceeds of your Banker's Cheque No. _____ dated _____ favoring
_____ issued by you in settlement of the balance in account number
_____ of Late _____ will be utilized
for the benefit of the minor only.

**Form of Inventory of Contents of
Safety Locker Hired from Banking Company
(Section 45ZE (4) of the Banking Regulation Act, 1949)
(To be used where there is nomination or survivorship clause)**

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____

* hired by Shri/Smt. _____ (deceased) in his/her sole name.

* hired by Shri/Smt. (i) _____ (deceased)

(ii) _____ jointly

(iii) _____

was taken on this _____ day of _____ 20____.

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any
1.		
2.		
3.		
4.		
5.		

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving hirers.

- By breaking open the locker under his/her/their instructions.
- Who produced the key to the locker. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee) _____
Address _____ (Signature) _____
Shri/Smt. _____ (Nominee) _____
Address _____ (Signature) _____

And

Shri/Smt. _____
Survivors
of joint hirers
(Signature) _____
Address _____
Shri/Smt. _____
Address _____ (Signature) _____

2. Witness (es) with name, address and signature:

* I, Shri/Smt. _____ (Nominee)

* We, Shri/Smt. _____ (Nominee),

Shri/Smt. _____ and Shri/Smt. _____ the Survivors of the joint hirers, hereby acknowledge the receipt of the contents of the Safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

(2)

Shri/Smt. _____ (Nominee) Shri/Smt. _____
(Survivor)

Signature _____ Signature _____

Date & Place _____

Shri/Smt. _____

(Survivor)

Signature _____

Date & Place _____

NOTE:

It is made clear that access to locker is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.

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