

## Application for Deceased Claim

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

To,

The Branch Manager,

SBM Bank ( India) Ltd \_\_\_\_\_ (name of the branch)

Dear Sir,

Re: Deceased Account

Late Shri/Smt. \_\_\_\_\_

Account 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 deceased: \_\_\_\_\_

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grandchildren. If Hindu Joint Family, the name, and address of the Karta and Coparceners with their respective ages as on the date of the claim.

Full Name & Address	Occupation	Relationship with deceased	Age
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			

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

\_\_\_\_\_

- Whether Natural Guardian
- Whether Guardian appointed by Court of Law in India. If so, attach a certified copy or duly attested copy of such order.
- Custody of the Minor/Minors is/are with?
- 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 competent Authority.
2. Letter of indemnity
3. Original Passbook(s), Fixed Deposit Receipt(s), Unused Cheque(s)

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:

Yours faithfully,

Date:

Signature of Claimant (s)

Name of Claimant	Address	Signature
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		