



Application for settlement of claims for a missing deposit holder

(All other claims)

From

To,

The Branch Manager,

The SBM Bank(India) Ltd .

_____ Branch

Dear Sir/Madam,

Re.: Missing person presumed as deceased Missing

Shri(s)mt _____

Account No(s) _____

I/We wish to advise that Shri(s)mt. _____
(Depositor), has been missing since _____ (). He(s)he holds the above account(s) at
SBM Bank(India) Ltd _____ branch (Bank). 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 Depositor who is missing. I/We am/are the legal heirs of the above named Depositor and lodge my/ our claim for payment as per the Bank's rules. The relevant information about the Depositor and the legal heirs are as under: Details of legal heirs of the Depositor:

(i) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

(ii) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

(iii) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

(iv) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

(v) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

(vi) Name: _____

Relationship with the Depositor: _____

Address: _____

Occupation: _____

Date of Birth: _____

1. Name or Names of the Guardian(s)/person(s) appointed to claim on behalf of the minor children of the Depositor.
 - a. Whether Natural Guardian

- b. Whether Guardian appointed by a 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?
2. 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:

- Date of missing report/FIR issued by the police.
- A certified copy of the appropriate order issued by the competent court on the presumption of death.
- * _____
- * _____
- * _____
- * _____
- * _____
- * _____

(*Please update documents as per the policy)

We request you to pay the balance amount lying to the credit of the above-named Depositor to _____ on my/our behalf. Such person shall receive such amounts as trustee(s) on my/ our behalf and payment of the said sum of ` _____ would constitute a full discharge of the Bank's obligations in this regard.

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

Yours faithfully,

Signature of Claimant(s)

Name: _____

Place: _____

Date: _____