

THE KHATTRI CO.OP.(U)BANK LTD.
.....BRANCH
DELHI

Dear Sirs

CLAIM – SAVING BANK A/C NO. _____
IN THE NAME OF _____

I / We submit hereunder the necessary particulars concerning my / our claim in respect of the amount standing to the credit of above named person / deceased.

I / we hereby undertake to furnish any further information that the bank may require in this regard. I / we also declare that the particulars furnished by me / us are true to the best of my / our knowledge and belief and agree that I / we shall be jointly and severally liable for any mis-representation or suppression of material fact and shall indemnify the Bank against all / any demand or claims raised on you by any other person with regard to above mentioned account.

A. PARTICULAR OF DECEASED:-

1. Name : _____
2. Father's Name : _____
3. (Last) Permanent Address : _____
: _____
4. Date of Death : _____
5. Evidence of Death : _____
6. Address Registered with Bank : _____
: _____

B. PARTICULAR OF CLAIMANTS / HEIRS:-

	Name	Age	Relationship with deceased
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

C. The settlement of claim has been requested for against an Indemnity Bond, accordingly I/We furnish sureties and give their particulars as under:-

- 1. Name : _____
Address : _____
Occupation : _____
Bank A/c details : _____

- 2. Name : _____
Address : _____
Occupation : _____
Bank A/c details : _____

D. Documents enclosed:-

- 1. Municipal Death Certificate
- 2. Proof of Identity of Claimant(s)
- 3. Proof of Address of Claimant(s)
- 4. Photograph of Claimant(s)
- 5. Bank Account Pass-Book / Statement of Claimant(s)
- 6. Proof of Identity of Surety No. 1
- 7. Proof of Address of Surety No. 2
- 8. _____
- 9. _____
- 10. _____

Yours faithfully,

CLAIMANT(S)

Address:- _____

PLACE _____
DATE _____

AFFIDAVIT

I/we _____ (claimants)
S/o W/o D/o _____ aged _____ years
Residents of _____
do hereby solemnly and sincerely affirm/swear and state as follows:-

Mr/Mrs/Miss _____
died on _____ at _____.

I / We state that I/we have requested The Khattri Co.Op.(U)Bank Ltd, _____
Branch to pay to me/us the amounts lying in the account of the deceased Mr/Mrs/Miss
_____.

This declaration is being made to enable the bank to settle my/our claim in respect of
account no. _____.

I/we the below named person/s is/are the only the lawful claimants / legal heirs/legal
representative/surviving the deceased:-

PARTICULAR OF CLAIMANTS / HEIRS:-

	Name	Age	Relationship with deceased
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I / we, further declare that:-

1. The deceased died without / leaving a 'WILL' dated _____ Being his/her last and only Will and testamentary disposition whereby the claimants mentioned herein have been bequeathed with the amounts shown herein above.
2. Apart from the persons mentioned in the claim submitted by me / us to the Bank and whose names are stated hereinabove the deceased has not left any other heir(s)/legal representative(s).

CLAIMANT(S)

Solemnly affirmed at.....day of.....20

CLAIMANT(S)

Affidavit from sureties

We,

1. Ms/Mr..... Aged S/o
R/o.....

and

2. Ms/Mr..... Aged S/o.....
R/o.....

do hereby solemnly and affirm/swear and state as follows:

1. That..... died on at
2. That at the time of his death, the deceased left surviving him the following persons as legal heirs:-

<u>Name</u>	<u>Age</u>	<u>Relationship with deceased</u>
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- 1.
- 2.
- 3.
- 4.

4. That we are informed that the deceased has certain deposits with The Khattri Cooperative Urban Bank Ltd.Branch to which the abovementioned persons is / are entitled.

5. That this declaration has been made by us knowing that on the strength of this declaration the said The Khattri Cooperative Urban Bank Ltd. Branch has agreed to make payment of the amounts of the deposits of the deceased to the above mentioned persons without insisting on production of will and or succession certificate etc. from any competent authority / court.

Solemnly affirmed at thisday of.....

- 1.
- 2.

IDEMNITY BOND

In consideration of The Khattri Cooperative Urban Bank Ltd. having its registered office at 24, Darya Ganj, New Delhi, through its _____ Branch, Delhi, as having agreed to pay me / us being the undersigned/claimants:-

Name _____
S/o - W/o - D/o _____
Age _____
R/O _____

The amount of Rs. _____ (Rupees _____) lying to the credit of _____ Account No. _____ maintained with the said The Khattri Cooperative Urban Bank Ltd. _____ Branch, Delhi on the basis / strength of claim / representation made by me / us, the above named claimant namely _____, as being the only surviving / legal representative of the said Sh. _____ who died on _____, without insisting on succession certificate / probate / letter of administration or any other legal representation.

I / we, the undersigned _____ for myself / ourselves, our heirs / administrators do hereby covenant from time to time and at all times hereafter save, demand and kept harmless and fully indemnified the said THE KHATTRI COOPERATIVE URBAN BANK LTD. against all actions, suits, proceedings, claims and demands which may arise as a result of making payment of the amount so claimed, to me / us by the said Bank. I / We also keep the said Bank fully indemnify against all costs / damages and or liabilities in connection therewith.

Signed, understood and delivered by the within named

AS CLAIMANT(S) / LEGAL HEIR(S) / REPRESENTATIVE(S)

In witness whereof we have signed this indemnity bond on the day, month and year written / mentioned herein below:-

Witness:-

1. Signature
Name & Address

2. Signature
Name & Address

At Delhi on this _____ day of _____ 20

RELINQUISHMENT DEED

I/We, _____

Name _____

S/o-W/o D/o _____

Age _____

R/O _____

the undersigned do hereby state and confirm as under:-

1. That late..... had left legal heirs as under:

2. That I/We do hereby relinquish my/our all rights, titles and interest in his/her movable as well as immovable property in favour of

3. That I/we do hereby further declare that my/our legal heirs, nominees or any other person connected with me / ourselves will not have any right on the estate of (deceased)

4. That I/we am/are making the above mentioned declaration out of my/our free will without any pressure what so ever.

SIGNATURES

Names & Address

In witness whereof we have signed this deed on the day, month and year written / mentioned herein below:-

Witness:-

1. Signature
Name & Address

2. Signature
Name & Address

At Delhi on this _____ day of _____ 20