

INDEX

Sr. No.	Topics	Pg.No.
Annexure-2	Check-list of Documents for Settlement of Claims:	2 – 4
Annexure-3	Application for Deceased Claim : (To be used when account has nomination or is a joint account with survivorship clause)	25
Annexure-4	Application for deceased claim (To be used for cases other than nomination / joint account without survivorship clause)	6 - 7
Annexure-5	Affidavit cum Indemnity Letter in case of Deceased accounts	8 – 9
Annexure-5A	Affidavit cum Indemnity Letter in case of missing persons	10 - 11
Annexure-6	Receipt from the claimant(s) on revenue stamp	12
Annexure-7	Form of Inventory of Contents of Safety Locker (To be used where there is nomination)	13 – 14
Annexure-7a	Form of Inventory of Contents of Safety (To be used where there is no nomination or without survivorship clause)	15 - 16
Annexure-8	Form of Inventory of articles left in Safe Custody (To be used where there is nomination)	17
Annexure-8a	Form of Inventory of articles left in Safe Custody (To be used where there is no nomination)	18
Annexure-10	Joint mandate for premature withdrawal of Term Deposits signed by all A/c. holders in case of death of any one of them	19
Annexure-11	Claim of missing deposit holder (For claims up to Rs.1 lakh when a/c. has nomination or is a joint with survivor clause)	20
Annexure-12	Claim of missing deposit holder (For claims up to Rs.1 lakh when a/c. has no nomination or is joint without survivor clause)	21 - 22
Annexure-13	Claim of missing deposit holder (For claims above Rs.1 lakh when a/c. has nomination or is a joint with survivor clause)	23
Annexure-14	Claim of missing deposit holder (For claims above Rs.1 lakh when a/c. has no nomination or is joint without survivor clause)	24 - 25
Annexure-15	Letter of Disclaimer by legal heir(s) who renunciate rights	26
Annexure-17	Proposal or sanction / control of the claim of deceased accounts to higher authority	27 - 28

Check-list of Documents for Settlement of Claims:

Claims	Document
1. Accounts with valid Nomination clause: Documents required	
(i) Application for Deceased Claim from Nominee / Guardian of nominee	Annexure-3
(ii) Copy of death certificate (Verified with original)	----
(iii) Photograph and KYC documents of the nominee for identification	----
(iv) Passbook / unused cheque books etc., may be obtained.	----
(v) The requirement of witness/es shall be applicable in case nominee is illiterate and affixes thumb impression.	----
(vi) Revenue stamped receipt for amount received signed by the nominee	Annexure-6
2. Joint Accounts with Survivorship	
(i) Application for Deceased Claim Settlement from Survivor(s)	Annexure-3
(ii) Copy of Death Certificate (Verified with original)	----
(iii) Photograph and KYC documents of the survivor for identification	----
(iv) Passbook bearing name of the deceased / unused personalized cheque book bearing the name of the deceased to be obtained.	----
(v) The requirement of witness/es shall be applicable in case the survivor(s) is illiterate and affixes thumb impression.	----
(vi) Revenue stamped receipt for amount received signed by the survivor(s)	Annexure-6
3. For cases other than Nomination / Joint Accounts without survivor clause: For amount up to threshold limit of Rs.10,000: (Where there is no dispute)	
(i) Application cum declaration for Deceased Claim Settlement	Annexure-4
(ii) Death Certificate (verified from original)	----
(iii) Photograph and KYC documents of the survivor(s) and legal heirs	----
(iv) Unstamped affidavit cum Indemnity letter signed by all claimant(s)	Annexure-5
(v) Declaration from Talati / City Talati / Mamlatdar (Whichever applicable)	
(vi) The requirement of witness/es shall be applicable in case the survivor(s) is illiterate and affixes thumb impression.	----
(iv) Passbook / unused cheque books etc; containing the name of the deceased may be obtained	
(vii) Receipt on revenue stamp signed by all the legal heir(s)/survivor(s)	Annexure-6

3a. For cases other than Nomination / Joint Accounts without survivor clause (for amount above Rs.10,000 and up to Rs. 5 lakh): (Where there is no dispute)	
(i) Application cum declaration for Deceased Claim Settlement	Annexure-4
(ii) Death Certificate (verified from original)	----
(iii) Photograph and KYC documents of the survivor(s), legal heirs and sureties	----
(iv) Passbook / unused cheque books etc., containing the name of the deceased may be obtained	
(v) Declaration from Talati/ City Talati / Mamlatdar (Whichever applicable)	
(vi) The requirement of witness/es shall be applicable in case nominee is illiterate and affixes thumb impression.	
(vii) Affidavit cum Indemnity Letter signed by all claimant(s) & two Sureties (jointly of good standing for the amount involved) duly stamped and notarized	Annexure-5
(viii) Letter of Disclaimer by legal heir(s) who renunciate his/her right (duly stamped & Notarized) wherever applicable.	Annexure-15
(ix) Stamped receipt for amount received signed by all the legal heir(s)-	Annexure-6
3b. For cases other than Nomination / Joint Accounts without survivor clause: For amount above Rs. 5 lakh) (Where there is no dispute)	
Sr. No. (i) to (vi) and (viii) to (ix) of the above list.	
(vi) Affidavit of claimant(s) & two sureties (jointly of good standing for twice the amount involved) duly stamped and notarized	Annexure-5
(ix) Opinion Report on Sureties (jointly of good standing for twice the amount involved)	Annexure-16
3c. In case of Missing person, for amount up to Rs.1 lakh (Where there is no dispute)	
(i) Application cum declaration for claims of missing deposit holder (When account has nomination or is a joint with survivorship clause)	Annexure-11
(i-a) Application cum declaration for claims of missing deposit holder (When account has NO nomination or is a joint without survivorship clause)	Annexure-12
(ii) F.I.R. for reporting missing of a person	----
(iii) Non-traceable report by police, of a date after one year from date of missing	
(iv) Photograph and KYC documents of the survivor(s), legal heirs and sureties	----
(v) Passbook / unused cheque books etc., containing the name of the missing person may be obtained	
(vi) Declaration from Talati / City Talati / Mamlatdar (Whichever applicable)	
(vii) The requirement of witness/es shall be applicable in case nominee is illiterate and affixes thumb impression.	
(viii) Affidavit cum Indemnity Letter signed by all claimant(s) & two Sureties (jointly of good standing for the amount involved) duly stamped and notarized	Annexure-5A
(ix) Letter of Disclaimer by legal heir(s) who renunciate his/her right (duly stamped & Notarized) wherever applicable.	Annexure-15
(x) Stamped receipt for amount received signed by all the legal heir(s)-	Annexure-6

3d. In case of Missing person, for amount above Rs.1 lakh (Where there is no dispute)	
(i) Application cum declaration for claims of missing deposit holder When account has nomination or is a joint with survivor clause)	Annexure-13
(i-a) Application cum declaration for claims of missing deposit holder When account has NO nomination or is a joint without survivor clause)	Annexure-14
(ii) F.I.R. for reporting missing of a person	----
(iii) Certified copy of order from the Competent Court presuming missing person as deceased	
(iv) Non-traceable report by police, of a date after seven year from date of missing	
(v) Photograph and KYC documents of the survivor(s), legal heirs and sureties	----
(vi) Passbook / unused cheque books etc., containing the name of the missing person may be obtained	
(vii) Declaration from Talati / City Talati / Mamlatdar (Whichever applicable)	
(viii) The requirement of witness/es shall be applicable in case nominee is illiterate and affixes thumb impression.	
(ix) Affidavit cum Indemnity Letter signed by all claimant(s) & two Sureties (jointly of good standing for twice the amount involved) duly stamped and notarized	Annexure-5A
(x) Letter of Disclaimer by legal heir(s) who renunciate his/her right (duly stamped & Notarized) wherever applicable.	Annexure-15
(xi) Stamped receipt for amount received signed by all the legal heir(s)-	Annexure-6
(xii) Affidavit of claimant(s) & two sureties (jointly of good standing for twice the amount involved) duly stamped and notarized	Annexure-5
(xiii) Opinion Report on Sureties (jointly of good standing for twice the amount involved)	Annexure-16

4. Settlement of claims based on the legal representation by way of Succession Certificate, letter of administration, probate, etc. (Where there is dispute in legal heirs)	
(i) Application cum declaration for Deceased Claim Settlement	Annexure-4
(ii) Copy of Death Certificate (verified from original)	
(iii) Legal Representation- Succession Certificate/ Letter of administration/ probate etc. should be produced in Original (usually) or True Certified Copy obtained from the court; Note: Legal representation issued by the competent court and produced by the claimants should relate to the account(s) of the deceased and amount payable to the claimant shall tally with the legal representation	
(iv) Affidavit cum Indemnity letter signed by all eligible claimant(s) on stamp	Annexure-5
(v) Stamped receipt for amount received signed by all the legal heir(s)-	Annexure-6
(vi) Photograph & KYC of all claimant(s) /legal heirs eligible for deceased claim based on the legal representation.	
(vii) Original pass books / unused cheque books etc., containing the name of the deceased may be obtained	

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-3

Application for settlement of claims of Deceased Claim

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

From: _____

To
The Branch Manager,
Saurashtra Gramin Bank
_____ Branch

Sir / Madam,

Deceased Account Late Mr./Ms./Mrs. _____

I/We hereby advise, the demise of Mr./Ms./Mrs. _____ on dated _____ He/She holds the below mentioned account(s) at your branch. The account is in the name(s) of the Deceased and jointly* with Mr./Ms./Mrs. _____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

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 with survivor clause

I/We request you to delete the name of deceased person and continue the account in my/our
name(s). Account shall henceforth be operated by _____.

I/We submit photocopy of the required document(s) with originals. Please return the originals.

Death Certificate issued by: _____

Identity proof (required in nomination cases)

Yours faithfully,

Sr.	Name of the claimant(s)	Relationship with deceased	Signature of claimant(s)
1			
2			
3			

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-4

Application cum declaration for settlement of claims of deceased claim (To be used for cases other than nomination/joint account without survivor clause)

From:_____

To
The Branch Manager,
Saurashtra Gramin Bank
_____Branch

Dear Sir / Madam,

Deceased Account Late Mr./Ms./Mrs.

I/We advise, the demise of of the above mentioned deceased on dtd._____.

The deceased holds the below mentioned account(s) at your branch. The account is in the name(s) of the Deceased and jointly* with Mr./Ms./Mrs._____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						
5						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate (without will). I am / We 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: _____ Gender: Male / Female

3. Details of living (i) Spouse (ii) Children (iii) Father (iv) Mother (v) Brothers (vi) Sisters (vii) Grand children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Sr.	Full Name	Address	Occupation	Relationship with Deceased	Age
1					
2					
3					
4					
5					
6					

4. Name of the Guardian of the minor heir, Children heir of the deceased
(a) Whether Natural Guardian
Whether Guardian appointed by Court of Law in India.
If so, attach a certified or duly attested copy thereof
(c) In whose custody the Minor/Minors is/are?
- Mr./Mrs./Ms. _____
Yes / No
Yes / No
Mr./Mrs./Ms. _____

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

Sr.	Full Name	Address	Occupation	Relationship with Deceased	Age
1					
2					
3					
4					
5					

I/We submit photocopy of the required document(s) with originals. Please return the originals.

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 Mr./Mrs./Ms. _____ 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.

Yours faithfully,

Sr.	Name of the claimant(s)	Address	Signature of claimant(s)
1			
2			
3			
4			
5			

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-5

Affidavit cum Indemnity Letter in case of Deceased accounts

(For payment in deposit a/cs./ contents of safe deposit locker/ safe custody articles of deceased person;
(To be stamped with fees for affidavit & Indemnity bond / No stamp fee for claim up to Rs.10,000)

I/We Mr./Ms./Mrs.(name/names of the claimants), (s/o, w/o, d/o), aged, address,

Sr.	Full Name of the claimant(s)	(s/o, w/o, d/o)	Address	Age
1				
2				
3				
4				
5				

do hereby solemnly affirm and state as follows.

1. I am / We 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 am/are the only legal heir(s) entitled to claim the balance deposit/amount /jewels/ ornaments and other valuables the contents held in the locker/safe custody:-

No.	Full Name of the claimant(s)	Age	Occupation	Relationship to the Deceased
1				
2				
3				
4				
5				

3. I/We further state that the deceased was holding an account(s) (hereinafter referred to as "the account") (specify the account details) in _____ Branch of **Saurashtra Gramin Bank** (herein after referred to as "the Bank"). At the time of the death of the deceased, the account(s) was/were 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).
1. I/We affirm that I am / We 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.
2. 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. / Kum_____ 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. /Kum_____ being one of the legal heirs for and on behalf of all the legal heirs.

3. 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.
4. 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 _____ 20____ in the presence of following

Signatures(s) of deponent(s) / Claimant(s)

Sr.	Name of the claimant(s)	Address	Signature
1			
2			
3			
4			
5			

Signature of Witness(es)

Sr.	Name of the witness(es)	Address	Signature
1			
2			

Affidavit to be attested by Notary Public.

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-5A

Affidavit cum Indemnity Letter: In case of missing persons

(For payment in deposit a/cs./ contents of safe deposit locker/ safe custody articles of missing person;
(To be stamped with fees for affidavit & Indemnity bond / No stamp fee for claim up to Rs.10,000)

I/We Mr./Ms./Mrs.(name/names of the claimants), (s/o, w/o, d/o), aged, address,

Sr.	Full Name of the claimant(s)	(s/o, w/o, d/o)	Address	Age
1				
2				
3				
4				
5				

do hereby solemnly affirm and state as follows.

1. I am / We are the legal heirs of Mr/Ms/Miss_____ (name of missing person account holder) and the missing person is my/our _____ (father/mother/wife/husband/son/daughter etc.)
2. I/We further state that I/We the following legal heirs am/are the only legal heir(s) entitled to claim the balance deposit/amount /jewels/ ornaments and other valuables the contents held in the locker/safe custody:-

No.	Full Name of the claimant(s)	Age	Occupation	Relationship to the Missing person
1				
2				
3				
4				
5				

3. I/We further state that the missing person was holding an account(s) (hereinafter referred to as "the account") (specify the account details) in _____ Branch of **Saurashtra Gramin Bank** (herein after referred to as "the Bank"). At the time of the death of the missing person, the account(s) was/were 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).
5. I/We affirm that I am / We 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 missing person.
6. I/We have requested the bank to make the payment of the amount standing in the credit of the account belonging to the missing person together with interest thereon

as applicable, to Shri / Smt. / Kum_____ 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. /Kum_____ being one of the legal heirs for and on behalf of all the legal heirs.

7. 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 missing person.
8. 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 _____ 20____in the presence of following

Signatures(s) of deponent(s) / Claimant(s)

Sr.	Name of the claimant(s)	Address	Signature
1			
2			
3			
4			
5			

Signature of Witness(es)

Sr.	Name of the witness(es)	Address	Signature
1			
2			

Affidavit to be attested by Notary Public.

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-6

RECEIPT

Received with thanks from **Saurashtra 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) standing in the name of the deceased Shri/Smt/Kum. _____

I/We do not have any other claim from the Bank henceforth.

(Signature of all the claimants over a revenue stamp)

Sr.	Name of the claimant(s)	Nominee / Survivor / Appointee / Legal Heir	Signature of the claimant
1			
2			
3			
4			

Place:

Date:

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 _____ favouring _____ issued by you in settlement of the balance in account number _____ of Late _____ will be utilized for the benefit of the minor only.

Sr.	Name of the claimant(s)	Appointee	Signature of the claimant
1		Appointee	

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-7

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)

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 _____ of 20_____.

Sr.	Description of Articles in Safety Locker	Other Identifying Particulars, if any
1		
2		

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)

1. The above inventory was taken in the presence of:

Sr.	Name of the claimant(s)	Nominee / Survivor	Address	Signature
1		Nominee -1		
2		Nominee -2		
3		Survivor of Joint hirers		
4		Survivor of Joint hirers		

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

Sr.	Name of the witness(es)	Address	Signature
1			
2			

I / We, nominee(s) / survivor(s) 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.

Sr.	Name of the claimant(s)	Nominee / Survivor	Address	Signature
1		Nominee		
2		Nominee		
3		Survivor of Joint hirers		
4		Survivor of Joint hirers		

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.

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure – 7(a)

Form of Inventory of Contents of Safety Locker Hired from Banking Company
(To be used where there is no nomination or without 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.	Description of Articles in Safety Locker	Other Identifying Particulars, if any
1		
2		
3		
4		
5		
6		
7		

For the purpose of inventory, access to the locker was given to the legal heir(s)/a person mandated by the legal heir(s) and 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:

Legal heirs of deceased joint hirer(s)/person mandated by legal heirs

Sr.	Name of the claimant(s)	Legal heir / Survivor	Address	Signature
1		Legal heir		
2		Legal heir		
3		Survivor of Joint hirers		
4		Survivor of Joint hirers		

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

Sr.	Name of the witness(es)	Address	Signature
1			
2			

ACKNOWLEDGEMENT

* I, Shri / Smt. legal heir/mandate holder (*Delete whichever is not applicable)

Full Name	Address	Relationship with Deceased	Age

* We, legal heir(s) / surviving hirers Shri/Smt.

Sr.	Name of the legal heir / survivor(s)	Legal heir / Survivor	Address
		Legal heir	
		Legal heir	
		Survivor of Joint hirers	
		Survivor of 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.

Shri/Smt. (Legal Heir/Mandate Holder)

Sr.	Name of the claimant(s)	Legal heir / Survivor	Signature
1			
2			
3			
4			

Date:

Place:

(*Delete whichever is not applicable)

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-8

Form of Inventory of articles left in Safe Custody with banking company

(Section 45ZC (3) of the Banking Regulation Act, 1949)

(To be used where there is nomination)

The following inventory of articles left in safe custody with _____ branch, by Shri/Smt. _____ (deceased) under an agreement/ receipt dated _____ was taken on this _____ day of _____ 20____

Sr.	Description of Articles in Safe Custody	Other Identifying Particulars, if any
1		
2		

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

(i) the registered nominee in the above safe custody article(s)

(ii) the person authorized to receive contents of safe custody article(s) on behalf of Master/ Miss _____ who is the nominee to receive the contents of safe custody article(s) and is a minor as on the date of the claim.

The above inventory was taken in the presence of:

Sr.	Name of the claimant(s)	Nominee / Appointee	Address	Signature
1				

ACKNOWLEDGEMENT

I, *Nominee / appointed on behalf of minor Nominee (*strike off which is not applicable)

Full Name	Address	Relationship with Deceased	Age

hereby acknowledge receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

*Nominee / appointed on behalf of minor Nominee (*strike off which is not applicable)

Name of the claimant Shri /Smt.	Signature

Date:

Place:

(*Delete whichever is not applicable)

NOTE: It is made clear that access to safe custody articles is given to nominee only as a trustee of the legal heirs of the deceased depositor of Safe Custody articles on the condition that such access if given to nominee shall not affect the right or claim which any person may have against the nominee to whom the access is given.

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure – 8 (a)

Form of Inventory of articles left in Safe Custody with banking company

(To be used where there is no nomination)

The following inventory of articles left in safe custody with _____ branch, by Shri/Smt. _____ (deceased) under an agreement/ receipt dated _____ was taken on this _____ day of _____ 20____

Sr.	Description of Articles in Safe Custody	Other Identifying Particulars, if any
1		
2		
3		
4		

Above inventory was taken in the presence of, legal heirs or a person mandated by legal heirs

* I, Shri / Smt. legal heir/mandate holder (*strike off which is not applicable)

Full Name	legal heir / mandate holder	Address	Relationship with Deceased

The above inventory was taken in the presence of:

* We, legal heir(s) Shri/Smt.

Sr.	Name of the legal heir	Relationship with Deceased	Signature
1			
2			

ACKNOWLEDGEMENT

I / We hereby acknowledge the receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

Sr.	Name of the claimant(s)	Signature
1		
2		

Date:

Place:

(*Delete whichever is not applicable)

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-10

Joint mandate for premature withdrawal of Term Deposits signed by all the Account holders in case of death of any one of them

(Given either at the time of placing the Term deposit or subsequently during the tenure of deposit which is signed by all the depositors)

TERM DEPOSIT ACCOUNT NUMBER

Sr.	Nature of Deposit TD/ SPTD / RD	Account No.	Account opening date	Amount ₹	Date of maturity
1					
2					
3					
4					
5					

I / We hereby agree and give mandate to the bank that in the event of death of any one of the joint account holders, the nominee / survivor / legal heirs shall have right to terminate the Term Deposit before maturity.

Signature of the Account Holders

Sr.	Name of the joint account holder(s)	Signature
1		
2		
3		
4		
5		

Verified

Date:
Place

Signature of Officer/Branch Manager

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-11

Application cum declaration for settlement of claims of missing deposit holder
(For claims up to Rs.1 lakh when account has nomination or is a joint with survivor clause)

From:_____

To
The Branch Manager,
Saurashtra Gramin Bank
Branch: _____

Sir/Madam,

Missing person presumed as deceased: Mr./Ms./Mrs._____

I/We hereby advise that the above mentioned person has been missing from dtd._____.
He/She has not been heard of for the last one year. The missing person holds the below
mentioned account(s) at your branch jointly* with Mr./Ms./Mrs._____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

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 missing person.

B. In the case of joint account with survivor clause

I/We request you to delete the name of missing person (who is deemed to be a deceased)
and continue the account in my/our name(s). Account shall henceforth be operated by _____.

I/We submit photocopy of the required document(s) with originals. Please return the originals.

Documents as per Paragraph 4.2.2 of this SoP.

- F.I.R. for reporting missing of a person
- Non-traceable report by police, of a date after one year from the date of missing
- Letter of indemnity from the claimant (s) and two sureties
- Other required documents as per Paragraph 4.2.2.

I / We solemnly affirm that the above statements are true and correct. Yours faithfully,

Sr.	Name of the claimant(s)	Address	Relationship with missing person	Signature of claimant(s)
1				
2				

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-12

Application cum declaration for settlement of claims of missing deposit holder

(For claims up to Rs.1 lakh when a/c. has no nomination or A/c.is joint without survivor clause)

From:_____

To
The Branch Manager,
Saurashtra Gramin Bank
_____ Branch

Dear Sir / Madam,

Missing person presumed as deceased: Mr./Ms./Mrs.

I/We hereby advise that the above mentioned person has been missing from dtd._____. He/She has not been heard of for the last one year. The missing person holds the below mentioned account(s) at your branch jointly* with Mr./Ms./Mrs._____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						
5						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named missing person who is presumed to be dead intestate (without will). I am / We are the legal heirs of the above named missing person and lodge my/our claim for payment as per the bank's rules and discretion. The relevant information about the missing person and the legal heir(s) are as under:

1. Names in full of the parents of the missing person:

Father	Mother
--------	--------

2. Religion of the missing person: _____ Gender: Male / Female

3. Details of living (i) Spouse (ii) Children (iii) Father (iv) Mother (v) Brothers (vi) Sisters (vii) Grand children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Sr.	Full Name	Address	Occupation	Relationship with missing person	Age
1					
2					
3					
4					
5					
6					

4. Name of the Guardian of the minor heir, Children heir of missing person Mr./Mrs./Ms. _____
 (a) Whether Natural Guardian Yes / No
 Whether Guardian appointed by Court of Law in India. Yes / No
 If so, attach a certified or duly attested copy thereof
 (c) In whose custody the Minor/Minors is/are? Mr./Mrs./Ms. _____

5. Claimant(s) Details:

Sr.	Name of the claimant(s)	Address	Occupation	Age
1				
2				
3				
4				
5				

I/We submit photocopy of the required document(s) with originals. Please return the originals.

Documents as per Paragraph 4.2.2 of this SoP.

- F.I.R. for reporting missing of a person
- Non-traceable report by police, of a date after one year from the date of missing
- Affidavit cum letter of indemnity from the claimant (s) and two sureties
- Other required documents as per Paragraph 4.2.2.

We request you to pay the balance amount lying to the credit of the above named missing person to Mr./Mrs./Ms. _____ 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.

Yours faithfully,

Sr.	Name of the claimant(s)	Relationship with missing person	Signature of claimant(s)
1			
2			
3			
4			
5			

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-13

Application cum declaration for settlement of claims of missing deposit holder
(For claims above Rs.1 lakh when account has nomination or is a joint with survivor clause)

From:_____

To
The Branch Manager,
Saurashtra Gramin Bank
Branch: _____

Sir/Madam,

Missing person presumed as deceased: Mr./Ms./Mrs.

I/We hereby advise that the above mentioned person has been missing from dtd._____.
He/She has not been heard of for the last seven years. The missing person holds the below mentioned account(s) at your branch jointly* with Mr./Ms./Mrs._____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

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 missing person.

B. In the case of joint account with survivor clause

I/We request you to delete the name of missing person (who is deemed to be a deceased)
and continue the account in my/our name(s). Account shall henceforth be operated by _____.
I/We submit photocopy of the required document(s) with originals. Please return the originals.

Documents as per Paragraph 4.2.3 of this SoP

- F.I.R. for reporting missing of a person
- Certified copy of order from the Competent Court presuming missing person as deceased
- Non-traceable report by police, of a date after seven years from the date of missing
- Affidavit and letter of indemnity from the claimant (s) and two sureties
- Other required documents as per Paragraph 4.2.3.

I / We solemnly affirm that the above statements are true and correct. Yours faithfully,

Sr.	Name of the claimant(s)	Address	Relationship with missing person	Signature of claimant(s)
1				
2				

Place:

Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code:_____)

Annexure-14

Application cum declaration for settlement of claims of missing deposit holder

(For claims above Rs.1 lakh when a/c. has no nomination or A/c.is joint without survivor clause)

From:_____

To
The Branch Manager,
Saurashtra Gramin Bank
_____ Branch

Dear Sir / Madam,

Missing person presumed as deceased: Mr./Ms./Mrs.

I/We hereby advise that the above mentioned person has been missing from dtd._____. He/She has not been heard of for the last seven years. The missing person holds the below mentioned account(s) at your branch jointly* with Mr./Ms./Mrs._____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int.@
1						
2						
3						
4						
5						

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named missing person who is presumed to be dead intestate (without will). I am / We are the legal heirs of the above named missing person and lodge my/our claim for payment as per the bank's rules and discretion. The relevant information about the missing person and the legal heir(s) are as under:

1. Names in full of the parents of the missing person:

Father	Mother
--------	--------

2. Religion of the missing person: _____ Gender: Male / Female

3. Details of living (i) Spouse (ii) Children (iii) Father (iv) Mother (v) Brothers (vi) Sisters (vii) Grand children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Sr.	Full Name	Address	Occupation	Relationship with missing person	Age
1					
2					
3					
4					
5					
6					

4. Name of the Guardian of the minor heir, Children heir of missing person
(a) Whether Natural Guardian
Whether Guardian appointed by Court of Law in India.
If so, attach a certified or duly attested copy thereof
(c) In whose custody the Minor/Minors is/are?
- Mr./Mrs./Ms. _____
Yes / No
Yes / No
Mr./Mrs./Ms. _____

5. Claimant(s) Details:

Sr.	Name of the claimant(s)	Address	Occupation	Age
1				
2				
3				
4				
5				

I/We submit photocopy of the required document(s) with originals. Please return the originals.

Documents as per Paragraph 4.2.3 of this SoP

- F.I.R. for reporting missing of a person
- Certified copy of order from the Competent Court presuming missing person as deceased
- Non-traceable report by police, of a date after seven years from the date of missing
- Other required documents as per Paragraph 4.2.3.

We request you to pay the balance amount lying to the credit of the above named missing person to Mr./Mrs./Ms. _____ 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.

Yours faithfully,

Sr.	Name of the claimant(s)	Relationship with missing person	Signature of claimant(s)
1			
2			
3			
4			
5			

Place:
Date:

SAURASHTRA GRAMIN BANK

_____ Branch (Code: _____)

Annexure-15

Letter of Disclaimer by legal heir(s) who renunciate rights

(To be stamped as per the Stamp Act applicable to the State & Notarized)

To
The Branch Manager,
Saurashtra Gramin Bank
Branch: _____

Sir/Madam,

Deceased Account Late Mr./Ms./Mrs. _____

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹
1				
2				
3				
4				

I/We, the following legal heir(s) of the above mentioned deceased, have to advise that we have no interest in the below mentioned deposits and as such we have no objection to your paying the balance amount lying therein with you in the aforesaid accounts of the deceased.

Sr.	Name(s) of the Claimants (who relinquish their rights)	Age	Address	Relationship with deceased
1				
2				
3				
4				
5				

Such delivery of the payment of the balance in the above account(s) would be completely binding on me/us and I/We will not question the bank's action in so doing if any proceedings. I/We also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made here in.

Sr.	Name of the claimant(s)	Signature of legal heir disclaiming the deposits
1		
2		
3		
4		
5		

Signed before me this _____ day of _____ 20____

SEAL

Notary Public/Magistrate

Annexure-17

(Proposal for sanction / control of the claim of deceased accounts to higher authority)

Date: _____

To,
The Regional Manager / General Manager (O)
Saurashtra Gramin Bank
Regional Office: _____ / Head Office, Rajkot

For Payment / For Control: Deceased Constituents

Late Mr./Ms./Mrs. _____ **Branch:** _____

1. We hereby advise, the demise of Mr./Ms./Mrs. _____ on dated _____ He/She holds the below mentioned account(s) with us. The account is in the name(s) of the Deceased and jointly* with Mr./Ms./Mrs. _____.
A suitable remarks and stop/hold have been noted in CBS in respective account(s).

Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Date / Auto Renew Dt.	Amount ₹	Date of maturity	Amount ₹ With accrued int. @
1						
2						
3						
4						
	Total Deposits					

@ The actual amount with accrued int. will be worked out on the date of payment. * strike off if not applicable.

2. The deceased has following liabilities with our bank.

Sr.	Nature of liabilities / loans	Account No.	A/c. Open Date	Amount ₹
1				
2				
3				
	Total loans			

3. The deceased has the following legal heirs surviving.

No.	NAME	Full Address	Age	Occupation	Relationship to the Deceased
1					
2					
3					
4					
5					

4. We have verified death certificate issued by competent authority and the same is enclosed herewith.
5. We have satisfied ourselves by independent inquiries that the deceased has no legal heirs other than those stated above and has not left any other property which would warrant payment of estate duty and obtention of succession certificate / letter of administration etc. The deceased has not left any will for which the production of probate would be necessary.
6. We have obtained a declaration from * Talati / City Talati / Mamlatdar / _____ (strike off which are not applicable) stating therein the names and other particulars of the legal heirs which agree with the names and as stated above.
7. The payment is required to be made to Shri/Smt. _____ (mandated person) alone / jointly.
8. Letter of disclaimer has been obtained from the remaining heir(s) and a copy of thereof is enclosed herewith stating therein that he/she has / they have no objection to Bank's paying the balance to the mandated person alone/jointly.
9. Unused cheque forms and Saving Bank Passbook /Term Deposit receipt(s) has/have been delivered by the claimant(s) to the branch.
10. The payment will be made by Banker's Cheque only and a suitable receipt on revenue stamp shall be obtained.
11. We have made necessary inquiries about the claim made by the claimant(s) & satisfied that the claim can be settled.
12. The surety(ies) is/are waived for amount up to Rs.10,000/-)* / Surety(ies) offered are acceptable as per Bank's extant instructions. (*Strike out which is not applicable)
13. All necessary documents have been obtained and copies thereof are enclosed.
14. The recent photograph(s) of claimant(s) (Other than those who have signed the letter of disclaimer on stamped paper) have been obtained.
15. The guardian of the minor shall sign the indemnity for himself/herself for each of the minor legal heir(s).
16. We recommend that the deposit balance be paid to Shri/Smt./Kum. _____ on his / her / their completion of all required formalities.
17. Any Other Remarks :

Branch Manager / Regional Manager

Enclosure:

- 1) Application for the deceased claim (Annexure-3 / Annexure-4)
- 2) Death Certificate
- 3) Photographs / KYC of the claimant(s)/sureties
- 4) Letter of Disclaimer by legal heir(s) who renunciate his/her right, if any
- 5) Affidavit cum Indemnity Letter signed by all claimant(s) & two Sureties
- 6) Opinion Report on Sureties, for claim amount above Rs. 5 lakh.