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Check-list of Documents for Settlement of Claims:

Claims				
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 of 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			

	or cases other than Nomination / Joint Accounts without survivor amount above Rs.10,000 and up to Rs. 5 lakh): (Where there is no disp	`
(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
	For cases other than Nomination / Joint Accounts without survivor	clause:
For a	amount above Rs. 5 lakh) (Where there is no dispute)	Γ
Sr. N	lo. (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 t dispute)	here is no
(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 (Whe dispute)	ere there is no
(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	g
(vii) Declaration from Talati / City Talati / Mamlatdar (Whichever applicable	e)
(viii) The requirement of witness/es shall be applicable in case nominee is illiterate and affixes thumb impression.	S
(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	
(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 fo 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:____ Tο 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. 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. Nature of Deposit A/c. Open Date / Date of Amount ₹ With Account No. Amount ₹ SB/CD/TD//RD Auto Renew Dt. maturity accrued int.@ 1 2 3 @ 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 son/daughter of Shri residing at ____ (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, Relationship Sr. Name of the claimant(s) Signature of claimant(s) with deceased 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) 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._ Nature of Deposit Date of Amount ₹ With A/c. Open Date / Account No. Amount ₹ SB/CD/TD//RD Auto Renew Dt. maturity accrued int.@ 2 3 4 @ 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 Coparceners with their respective ages. Relationship Sr. | Full Name Address with Occupation Age Deceased 1 2 3 4 5 6

4.	heir, Children heir of the d (a) Whether Natural Guard Whether Guardian appoint of Law in India. If so, attach a certified or d copy thereof (c) In whose custody the Minor/Minors is/are?	leceased dian ed by Court	Yes / No Yes / No			
5. C	laimant/s name/s and addre	ss in full:		T	 	T
Sr.	Full Name	Address		Occupation	Relationship with Deceased	Age
1						
2						
3						
4						
5						
dec	request you to pay the balar eased to Mr./Mrs./Ms e hereby solemnly affirm that our knowledge and belief.			e true and co	ur behalf.	of
0	Name of the state of the		10013 1011	-		. 1(-)
Sr.	Name of the claimant(s)	Address		Sign	ature of claimaı	il(S)
2						
3						
4						
5						
Plac Date						

Page **7** of **28**

Name of the Guardian of the minor

SAURASHTRA GRAMIN BANK

Branch	(Code:)	
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Annexure-5

Affidavit cum Indemnity Letter in case of Deceased accounts

	(To be stamped with fees for affidav					
I/We	e Mr./Ms./Mrs.(name/names of	the claimants),	(s/o,	w/o, d/o), aged, ac	ldress,	
Sr.	Full Name of the claimant(s)	(s/o, w/o, d/o)		Address		Age
1						
2						
3						
4					-	
5						
	ereby solemnly affirm and stat	te as follows.				
1.	I am / We are the legal heirs	of				
	Mr/Ms/Miss			(name of dec	eased acco	unt
	holder) and the deceased is i	my/our				
	(father/mother/wife/husband/	-	tc.)			
2.	I/We further state that I/We	-	_		, ,	` '
	entitled to claim the balance	•	•	ls/ ornaments and	other valua	ables
	the contents held in the locke	er/sare custody.	<u>-</u>	Г	Dalatia	
No.	Full Name of the claimant(s)		Age	Occupation	Relation the Dec	•
1					110 200	ouoou
2						
3						
4						
5						
3.	I/We further state that the de		·	` / `		
	to as "the account") (specify					
	Saurashtra Gramin Bank (h			•		
	death of the deceased, the the deceased deceased deceased deceased.	` ,		· ·		
	payment) amount to Rs	•		· ·	(ua	ile oi
1.	I/We affirm that I am / We ar to receive the amount star	•				
	deceased.	raing in the c	. oun	or the decount of	oloriging to	1110
2.	I/We have requested the bar	nk to make the	pavm	ent of the amount	standing ir	n the
	credit of the account belong				•	
	applicable, to Shri / Smt. / K			•		
	the legal heirs for and on beh				J	

		OR			
	locker/items held	being one of th	Shri / Smt.		
	berian of an the legal fields.				
3.	and I/We agree to indemnif contents of items in safe d	nk has agreed to settle our claim by the bank in respect of such pa deposit locker or held in safe cust the amount standing to the cred	yment or delivery of the stody against any claim		
4.	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 t	he averments made herein b	efore are true and correct and I/	We put my/our signature		
/ma	rk on this day of _	20in the presence	e of following		
		<u> </u>	ŭ		
Sign	natures(s) of deponent(s) / Cl	aimant(s)			
Sr.	Name of the claimant(s)	Address	Signature		
1					
2					
3					
4					
5					
Sigr	nature of Witness(es)				
Sr.	Name of the witness(es)	Address	Signature		
1					
		†			

Affidavit to be attested by Notary Public.

2

SAURASHTRA GRAMIN BANK

. 01 0/ 11		41,
 Branch	(Code:)

Annexure-5A

Affidavit cum Indemnity Letter: In case of missing persons

(F	or payment in deposit a/cs./ contents (To be stamped with fees for affiday					
I/We	e Mr./Ms./Mrs.(name/names of	the claimants).	(s/o. ¹	w/o. d/o). aged. ac	ddress.	
Sr.	Full Name of the claimant(s)	(s/o, w/o, d/o)	(== =)	Address		Age
1						
2						
3						
4						
5						
do h	ereby solemnly affirm and state	te as follows.				
1.	I am / We are the legal he (name of missing person (father/n I/We further state that I/We that to claim the balance depotents held in the locker/sat	account hold nother/wife/hus he following leg ssit/amount /jev	ler) a band/s al heir	son/daughter etc.) s am/are the only	legal heir(s)) entitled
No.	Full Name of the claimant(s)		Age	Occupation	Relation the Miss person	•
1						
2						
3						
4						
5						
3.	I/We further state that the noreferred to as "the account Branch of Saurashtra Gram time of the death of the miss Rs (balance am (date of payment).	t") (specify the in Bank (herei sing person, the nount in the a	e acco n after acco ccoun	ount details) in _ referred to as "th unt(s) was/were ha t) which includes	ne Bank"). A aving a cred interest u	t the dit of p to
5.	I/We affirm that I am / We at to receive the amount standi person.					
6.	I/We have requested the bar	nk to make the	paym	ent of the amount	t standing ir	n the

credit of the account belonging to the missing person together with interest thereon

	as applicable, to Shri / Sm	t. / Kum	being one			
	of the legal heirs for and or	behalf of all the legal heirs.	-			
		OR				
	locker/items held	being one of the	Shri / Smt.			
7.	and I/We agree to indemnicontents of items in safe of	ank has agreed to settle our claim fy the bank in respect of such pa deposit locker or held in safe cu he amount standing to the cred	syment or delivery of the stody against any claim			
8.	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.					
ΔII t	he averments made herein h	pefore are true and correct and I/	We put my/our signature			
		20in the presence	, ,			
	•	·	· ·			
	natures(s) of deponent(s) / C					
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						
Affic	Affidavit to be attested by Notary Public.					

			A GRAMIN BAN Branch (Code:	
			Dianon (Code	/ Annexure-(
		RI	ECEIPT	
Rece	eived with thanks	from Saurashtra	Gramin Bank,	Branch, a sum of
				Banker's Cheque No
Date	d	in favour of		in full and final
	-			ount(s) standing in the name of
/we	do not have any o	ther claim from the I	Bank henceforth.	
(Sig	nature of all the c	aimants over a reve	nue stamp)	
Sr.	Name of the clai	mant(s)	Nominee / Survivor / Appointee / Legal Heir	Signature of the claimant
1				
2				
3				
4				
Plad Date	e:			
	Declara	ation in case funds	are settled in favou	r of a Minor
l,		fa	ather and natural gua	rdian of
here	eby certify that the	proceeds of your Ba	anker's Cheque No	<u> </u>
date	ed fav	ouring		issued by you ir
sett	lement of the bala	nce in account numb	pero	of Late
		will be utilized for	the benefit of the mi	nor only.
Sr.	Name of the clai	mant(s)	Appointee	Signature of the claimant
1			Appointee	j
Place Date				

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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 was taken on this _____ day of ____ of 20___ . 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: Nominee Sr. Name of the claimant(s) Address Signature / Survivor 1 Nominee -1 2 Nominee -2 Survivor of 3 Joint hirers 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	خ	•

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 was taken on this _____ day of ____ 20___. 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 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		

6

7

Sr.	Name of the witness(es)	Address		S	ignature	
1						
2						
1 9	 ۵ Shri / Smt. legal heir/mandate	CKNOWLED		not ani	olicable)	
	Name	Address	Address			Age
		7.100.000		W	vith Deceased	7.9
		01.1/0				
/Ve	, legal heir(s) / surviving hirers	Shri/Smt.				
Sr.	Name of the legal heir / survivor(s)	Legal he	Legal heir / Survivor			
		Legal he	ir			
		Legal he	ir			
		Survivor	of Joint hirers			
			of Joint hirers			
		Survivor	Or John Tillers			
		f di a constante	of the confet. In	.1		1
	eby acknowledge the receipt one above inventory together w				omprised in and	set
Shr	i/Smt. (Legal Heir/Mandate Ho	older)				
Sr.	Name of the claimant(s)		Legal heir / Survivor	Sig	gnature	
1						
2						
_						
3			+			

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 (deceased) under an agreement/ Shri/Smt. receipt dated _____ was taken on this _____ day of _____ 20___ Description of Articles in Safe Custody Other Identifying Particulars, if any 1 2 _____ son/daughter of Shri _____ residing at (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/ who is the nominee to receive the contents of Miss safe custody article(s) and is a minor as on the date of the claim. The above inventory was taken in the presence of: Name of the claimant(s) Nominee / Sr. Signature Address Appointee ACKNOWLEDGEMENT I, *Nominee / appointed on behalf of minor Nominee (*strike off which is not applicable) Relationship Full Name Address Age with Deceased 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:

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.

(*Delete whichever is not applicable)

				RAMIN BANK nch (Code:)		
	Form of Inventory of articl			• Custody with ba is no nomination)		Annexure – 8 (a) npany
The Shri	following inventory of articles	left in safe	cus	stody with	under an a	branch, by agreement/
rece	i/Smt was t eipt dated was t	taken on th	nis _	day of		20
Sr.	Description of Articles in Safe	e Custody	ustody Other Identifying Particul			rs, if any
1						
3						
4						
Aho	ve inventory was taken in the	nresence (of le	enal heirs or a ners	son manda	ted by legal heirs
	·					ica by legal fielis
* , {	Shri / Smt. legal heir/mandate	holder (*st legal heir		off which is not ap	plicable)	Relationship
Full	Name	mandate		Address		with
		holder				Deceased
The	above inventory was taken in	the preser	nce	of:		
	·	·				
	e, legal heir(s) Shri/Smt.		Re	lationship with	0: ,	
Sr.	Name of the legal heir			ceased	Signature	
1						
2						
. , .		CKNOWL				
	We hereby acknowledge the entory together with a copy of t				d and set o	out in the above
Sr.	Name of the claimant(s)			Signature		
1				2.9.14.410		
			\perp			
2						
Date	e:					
Plac						

Settlement of Claims of Deceased

(*Delete whichever is not applicable)

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		-		Branch (Co	uc)	Annexure-10
		ate for prematu Account holde				signed by all the
					_	
	`	en either at the ti ring the tenure o	•	•	•	•
			·	· ·	•	• ,
TEF	RM DEPOSIT	ACCOUNT NU	MBER			
•	Nature of		Account		Date of	
Sr.	Deposit TD/ SPTD / RD	Account No.	opening date	Amount ₹	maturity	
1	0		9.0.10			
2						
3						
4						
5						
join		ders, the nomine				of death of any one of the right to terminate the
join	t account hold	ders, the nomine fore maturity.	ee / survivo		s shall have	
join	t account hold m Deposit bef	ders, the nomine fore maturity.	ee / survivo	or / legal heirs	s shall have	
join Ter	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
join Ter Sr.	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
join Ter Sr. 1	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
Sr. 1	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
join Ter Sr. 1 2	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
Sr. 1 2 3	t account hold m Deposit bef	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	right to terminate the
Sr. 1 2 3	Name of the	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	
Sr. 1 2 3 4 5	Name of the	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	right to terminate the
join Ter Sr. 1 2 3 4 5	Name of the	ders, the nomine fore maturity. Sign	ee / survivo	or / legal heirs	s shall have	right to terminate the

		SAURA	SHTRA GI Brai		MIN BAN (Code:				
(I	Application cum For claims up to R		n for settleme en account has	ent o	of claims of mination or	f mis is a j	oint with	-	r iuse)
Sau	Branch Manager, rashtra Gramin Ba nch:	ank							
Sir/ľ	Madam,								
Mis	sing person pres	umed as de	eceased: Mr./N	Ms./I	Mrs				
	e hereby advise th She has not been		•				_		
mer	tioned account(s)				./Ms./Mrs				
Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.	A/c. Open Dat Auto Renew [-	Amount ₹	Date mati		Amount ₹ W accrued int.@	
1									
3									
4									
@ TI	ne actual amount with	accrued int. w	vill be worked out	on th	e date of pay	ment.	* strike o	ff if not applica	ble.
	n case of Nomina								
	ding at		son/dai	ught					ım
(i) th	ne registered nomi			` '					
(ii) t	he person authoriz							(c) and ic a	— min or
	on the date of the	e claim. Ple		bal	ance in the	e acc	count in	the name	of the
	ninee. I/We receive	•	,			eirs o	tne mis	ssing person	
I/We	n the case of join e request you to de	elete the nai	me of missing	pers	on (who is				d)
and	continue the acco	ount in my/or	ır name(s). Ac	cou	nt shall hen	cefor	th be op	perated by _	
	submit photocop			ıt(s)	with origina	ls. P	ease re	turn the orig	inals.
	uments as per Pa F.I.R. for reporting	• .							
,	Non-traceable rep		•	er or	ne year fron	n the	date of	missing	
iii)	Letter of indemnity Other required do	y from the cl	aimant (s) and	twc	sureties			· ·	
,	e solemnly affirm					orrec	t. Yo	ours faithfully	′ ,
Sr.	Name of the clair	mant(s)	.ddress		lationship v		Signatu	re of claima	nt(s)
1		(-)		11118	ssing perso	11	<u> </u>		(-)
2									
Plac	ce:								
Date									

		SAU	RASHTRA						
	A 11 21				ch (Code:				exure-12
(For	Application cun claims up to Rs.1						_	•	
				Fro	om:				
	Branch Manager	ank							
Dea	bra ur Sir / Madam,	anch							
	sing person pres	sumed as d	eceased: Mr	./Ms./l	Mrs				
He/	e hereby advise the She has not been nationed account(s)	heard of fo	r the last one	year.	The missing	pers	•		
Sr.	Nature of Deposit	Account No.	A/c Open C		Amount ₹	Date	of	Amount ₹	₹ With
1	SB/CD/TD//RD	Account No.	Auto Renew	/ Dt.	Amount	matı	urity	accrued i	nt.@
2									
3									
4									
5 @ TI	 he actual amount with	accrued int.	will be worked o	ut on th	ne date of pavr	 nent. *	strike o	ff if not app	licable.
I/We abo are as p	e lodge my/our cove named missing the legal heirs of our the bank's rule the legal heir(s) a	laim for the g person wh the above r es and disc	balances who is presume named missing tretion. The retion is the second contract of the sec	ith aced to but gives	crued intere e dead intes son and lodg	est lyi state (ge my	ng to to to (withou	the credit t will). I a aim for p	t of the m / We ayment
	lames in full of the	e parents of	the missing p						
Fath	ner			Moth	ner				
2. R	eligion of the mis	sing person	:		Gender: Ma	ale / F	emale		
(vii)	etails of living (i) s Grand children. If ceners with their r	f Hindu Join	t Family, the		• •				
Sr.	Full Name		Address		Occupa	ation		ionship nissing n	Age
1									
3									
4									
5									
6									

4.	Name of the Guardian of the heir, Children heir of missing (a) Whether Natural Guard Whether Guardian appointed of Law in India. If so, attach a certified or dual copy thereof (c) In whose custody the	ng person lian ed by Court	Mr./Mrs./Ms Yes / No Yes / No				
	Minor/Minors is/are?		Mr./Mrs./Ms				
	laimant(s) Details:						
Sr.	Name of the claimant(s)	Address		Occupation	Age		
1							
2							
3							
4							
5							
ii) iii) iv) We miss	F.I.R. for reporting missing of Non-traceable report by polic Affidavit cum letter of indemn Other required documents as request you to pay the balancing person to Mr./Mrs./Mse hereby solemnly affirm that our knowledge and belief.	e, of a date af lity from the class per Paragrap ce amount lyin	aimant (s) and two soloh 4.2.2. Ing to the credit of the tements are true and Yours faithfully,	e above named on my/our behalf.			
Sr.	Name of the claimant(s)		Relationship with missing person	Signature of clain	nant(s)		
1							
2							
3							
4							
5							
Plac Date							

		SAUR	ASHTRA GI Bra		VIIN BAN (Code:				
(F	Application cum For claims above R						_	-	r
				Froi	m:				
Sau	Branch Manager, Irashtra Gramin Ba nch:	ank							
Sir/I	Madam,								
Mis	sing person pres	umed as	deceased: Mr./	Ms./	Mrs				
He/	e hereby advise th She has not been ntioned account(s)	heard of for at your br	or the last sever anch jointly* wit	yea h Mr	rs. The mis ./Ms./Mrs	sing	person	holds the be	low
Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account N	lo. A/c. Open Da		Amount ₹		e of curity	Amount ₹ W accrued int.@	
1			/ tate nement			max		acci aca ilici	-
2									
3									
4 @ T	 he actual amount with	accrued int	 . will be worked out	on th	l ne date of pay	ment	. * strike	 off if not applica	ble.
A. I	n case of Nomina								
l,			son/da	ught				_	
	ding at ne registered nomi	inee in the	above account	(s)				a	am
	he person authoriz		eive payment on	beh					
	on the date of the ninee. I/We receive			ba	lance in the	e ac	count ir	n`the name o	of the
B. I	n the case of join	t account	t with survivor	clau	se				
I/W	e request you to do continue the acco	elete the n	ame of missing	pers	on (who is				d)
I/W	e submit photocop	y of the re	quired documer	nt(s)	with origina	ls. F	lease r	eturn the orig	inals.
i) ii) iii) iv) v)	cuments as per Pa F.I.R. for reporting Certified copy of c Non-traceable rep Affidavit and letter Other required do	g missing of order from port by poli of indemi cuments a	of a person the Competent ice, of a date aft nity from the cla as per Paragrapl	er se imar n 4.2	even years to the two	from o su	the dat ireties	e of missing	
I / V	Ve solemnly affirm	tnat tne a	bove statements				π. Y	ours faithfully	',
Sr.	Name of the clair	mant(s)	Address		elationship v ssing perso		Signat	ure of claima	nt(s)
1									
2									
Place Date									

Page **23** of **28**

		SAU	RASHTRA	_	AMIN BA				
	Application cun	 n declaratio	on for settlen			-	ing de		exure-14 Ider
(For	claims above Rs.′	I lakh when	a/c. has no r	nomina	tion or A/c.i	s join	t witho	ut survivo	r clause)
				Fro	om:				
To The	Branch Manager	,							
	ırashtra Gramin B								
Dea	ur Sir / Madam,								
Mis	sing person pres	sumed as d	eceased: Mr	./Ms./l	Virs				
	e hereby advise th			•			•		
	She has not been ntioned account(s)			•		• .	erson	holds the	below
	Nature of Deposit		A/c Open F			Date	of	Amount ₹	 With
Sr.	SB/CD/TD//RD	Account No.	Auto Renew	v Dt.	Amount ₹	matu	urity	accrued in	nt.@
2									
3									
4									
5 @ T	 he actual amount with	accrued int.	 will be worked o	ut on th	e date of pavr	 nent. *	strike o	ff if not app	licable.
abo are as p	e lodge my/our cove named missing the legal heirs of our the bank's rule the legal heir(s) a	g person wh the above r es and disc	o is presume named missin retion. The r	d to bo	e dead intes on and lode	state (ge my	(withou //our cl	t will). I a aim for p	m / We ayment
	lames in full of the	parents of	the missing p						
Fath	ner			Moth	ier				
2. R	eligion of the mis	sing person			Gender: Ma	ale / F	emale		
(vii)	etails of living (i) s Grand children. If ceners with their re	f Hindu Join	t Family, the		` '	` '		` '	
Sr.	Full Name	,	Address		Occupa	ation		onship nissing n	Age
1									
3									
4									
5									
6									

4.	Name of the Guardian of the heir, Children heir of missing (a) Whether Natural Guard Whether Guardian appointed of Law in India. If so, attach a certified or dual copy thereof (c) In whose custody the Minor/Minors is/are?	ng person lian ed by Court	Mr./Mrs./Ms Yes / No Yes / No Mr./Mrs./Ms				
			Wit., Wild., Wid.				
5. C	claimant(s) Details: Name of the claimant(s)	Address		Occupation	Age		
1	ramo or the claimant(o)	71441000		Cocapation	7.90		
2							
3							
4							
5							
Documents as per Paragraph 4.2.3 of this SoP i) F.I.R. for reporting missing of a person ii) Certified copy of order from the Competent Court presuming missing person as deceased iii) Non-traceable report by police, of a date after seven years from the date of missing iv) 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							
Sr.	Name of the claimant(s)		Relationship with missing person	Signature of clain	nant(s)		
1							
2							
3							
4							
5							
Plac Date	· -						

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		SAURAS	SHTI		MIN BAN (Code:		
	Annexure-1: Letter of Disclaimer by legal heir(s) who renunciate rights (To be stamped as per the Stamp Act applicable to the State & Notarized)						
Sau	Branch Manager, rashtra Gramin Ba nch:	ank					
Sir/ľ	Madam,						
Dec	eased Account L	ate Mr./Ms./	Mrs.				
Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.		Open Date / Renew Dt.	Amount₹		
2							
4							
hav	e no interest in the ing the balance an	e below men nount lying th	tioned erein	I deposits a with you in	nd as such	we have r	e to advise that we no objection to your s of the deceased.
Sr.	Name(s) of the C (who relinquish the		Age	Address			Relationship with deceased
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. Signature of legal heir							
Sr.	Name of the clair	mant(s)			aiming the		
1							
2							
3							
4							
5							
Signed before me thisday of20							
SEA	AL.				1	Notary Publ	lic/Magistrate

Settlement of Claims of Deceased

Notary Public/Magistrate

					GRAMIN I I Office:			(Code:)
									Annexure-17
(Proj	pos	al for sanction /	control of t	he claim	າ of decea	ased a	ссо	unts to hi	gher authority)
_								Date:	
	e Re	gional Manager		lanager	(O)				
		htra Gramin Ban al Office:		_ / Head	Office, Ra	ajkot			
		/ment / For Contro r./Ms./Mrs.						Branch:	
1.	W	e hereby advise, dated	the demise _ He/She ho	of Mr./M	ls./Mrs below men	ntioned	acc	ount(s) witl	
		suitable remarks		-					
	Sr.	Nature of Deposit SB/ CD / TD/ / RD	Account No.		pen Date / Renew Dt.	Amou	nt ₹	Date of maturity	Amount ₹ With accrued int.@
	2								
-	3			_					
ļ	4								
		Total Deposits							
2.		ne deceased has					of pay	ment. * strik	e off if not applicable.
	Sr.	Nature of liabilities / loans	Account No.	A/c. O	pen Date	Amou	nt₹		
	1								
-	2 3								
-		Total loans							
3.	Tł	ne deceased has	the following	ng legal	heirs surv	iving.		I	
No.		AME		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.