



The Branch Head,

Bharat Co-operative Bank (Mumbai) Ltd.,  
\_\_\_\_\_ Branch.

MANDATORY	FOR OFFICE USE ONLY
	Form No.
	Date of Application

Dear Sir/Ma'am,

I wish to inform the sad demise of Mr/Mrs/Ms. \_\_\_\_\_  
who expired on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I, in the capacity of a nominee/legal heir hereby claim the Share Capital (along with unpaid dividend if any) of the Bank held by the deceased as on the date of his/her death.

## DETAILS OF THE CLAIMANT

Name: _____	Affix photograph of the claimant & sign across the photograph  Please stick the photo & do not staple
Address: _____ _____	
City: _____ State: _____ Pincode: _____	
Tel (Res) _____ (Off) _____ (Mobile) _____	
Related to the Deceased as: _____ PAN: _____	
Proof of Address: <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voters ID <input type="checkbox"/> Others: _____	

## DETAILS OF SHARES HELD BY THE DECEASED

Membership No.: _____	No of Shares: _____	Shares Amount	₹
Joint Holder's Name (if any) _____		Unpaid dividend	₹
Whether attached Original Share Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, documents attached:	<input type="checkbox"/> Undertaking Letter <input type="checkbox"/> Indemnity Bond
		TOTAL	₹

## PAYMENT INSTRUCTIONS FOR SETTLEMENT OF CLAIM

(MANDATORY)

(Please select applicable checkbox)

<input type="checkbox"/> Transfer to my Bharat Bank A/c No: _____ held in the name of Mr/Mrs/Ms. _____ at _____ Branch.	
<input type="checkbox"/> Transfer to my A/c No: _____ IFSC: _____ held in the name of Mr/Mrs/Ms. _____ at _____ _____ Bank _____ Branch.	
(Please attach a copy of cancelled cheque leaf or front page of Passbook)	
<input type="checkbox"/> Transfer to my Bharat Bank Membership No: _____	

## DECLARATION BY THE CLAIMANT

- I declare that the deceased died intestate (i.e. without leaving behind a Will) and no Succession Certificate or Letter of Administration has been issued by Court of Law in respect of the estate of the deceased. ☐ Select if applicable
- I declare that the deceased has/have left behind a Will and the probated Will is attached herewith. ☐ Select if applicable
- I declare that the particulars stated in this claim form are true and correct. I am liable to the Bank and the legal heirs of the deceased for any misrepresentation or suppression of material facts by me. I further declare that the documents submitted with this claim form are authentic. I indemnify the Bank and its officials and shall be personally responsible for all the consequences against any loss including financial losses arising out of demand(s) made on the Bank by any other person(s)/entity in respect of claim/counter claims against the above mentioned shares. Please settle the claim as mentioned above, after adjusting liabilities if any of the deceased. Bank, shall have the right to recover / appropriate bank charges / other dues owed by the deceased from death claim proceeds.
- I am willing to receive the payment in the capacity of a trustee of the legal heir(s) of the deceased and I am well aware of my responsibilities as a trustee of the estate of the deceased and I will fulfil the same in right spirit under the applicable laws governing Nomination & Nominee responsibilities. Any future dispute by legal heir(s) or any other party shall be binding upon me.
- My instructions to Bank regarding transfer/remittance of proceeds of shares to account/Membership No. in my name should be deemed to have given with the knowledge & consent of all the legal heirs of the deceased and notwithstanding this, my status, rights & responsibilities shall continue to be that of a custodian of the estate of the deceased.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Claimant's Signature \_\_\_\_\_



## FOR BANK'S USE ONLY (BRANCH)

Name of the Deceased as per Bank's Records		CIF No :	Shares Amount	₹
Nominee as per Bank's Records:		CIF No : IF AVAILABLE	Unpaid dividend	₹
Relationship with the Deceased		Date of Death DD/MM/YYYY	TOTAL	₹

## DETAILS OF LIABILITIES (IF ANY)

(Please attach statement of Liabilities even in case of NIL liabilities)

Loan A/c No		<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch		Balance	₹
Loan A/c No		<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch		Balance	₹

## BRANCH HEAD'S &amp; DEPUTY BRANCH HEAD'S RECOMMENDATION TO CENTRAL OFFICE

1. We have verified the identity of the claimant & authenticity of the claim documents and found them to be correct.
2. Adequate due-diligence has been exercised while verifying identity of the claimant/legal heir(s).
3. Ensured that the items listed in the death-claim checklist are properly verified/checked.
4. Checked for existence of insurance policy of the deceased under PMJJBY & PMSBY and informed the claimant.
5. Obtained necessary NOC, Affidavit, Indemnity Bond duly notarized and stamped as per the prevalent Stamp Act of the State as required.
6. Explained the content of this form and other documents to the claimant signing this form in vernacular language/putting thumb impression.
7. Explained the rights & responsibilities arising out of death claim to the nominee/claimant.
8. Checked for unpaid dividend (if any) and informed the claimant.
9. NOC in the prescribed format & Indemnity obtained from Legal Heirs of the deceased in case of death claim without nomination.
10. No liability exists with the Bank.

We recommend the claim to be sanctioned in favour of the claimant.

Additional Remarks (if any): \_\_\_\_\_

Signature of Branch Head	Emp. No.
	Date:
NAME:	

Signature of Dy. Branch Head/Officer	Emp. No.
	Date:
NAME:	

## VERIFICATION BY SHARES DEPARTMENT

(Please select applicable checkboxes)

- ☐ Verified details of the shares held by deceased member & nominee details.
- ☐ Nomination does not exist as per Bank Records.
- ☐ Cleared all liabilities/No liability exists with the Bank.

Remarks (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Death Claim may be processed	
Signature of Head of Shares Dept.	Emp. No.
	Date:
NAME:	

## NOTES OF RECOMMENDING/SANCTIONING AUTHORITY AT CENTRAL OFFICE

The claim has been recommended to Board of Directors for settlement.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Emp.No. \_\_\_\_\_ Name: \_\_\_\_\_

Verifying C.O. Official

Head of Banking Operations Dept.

MD &amp; CEO