

**DEATH CLAIM FORM**

For Account with nominee / survivorship clause



Application Form for Settlement of Claim in Deposit Accounts/ Shares/ Release of Contents of Safe Deposit Lockers kept by Deceased Customer (cases with Nomination or Joint Account with survivorship clause)

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

Dear Sir/Ma'am,

Affix photograph of the claimant & sign across the photograph.

Branch stamp to be affixed across the photo.

Please stick the photo & do not staple

M A N D A T O R Y	<b>FOR OFFICE USE ONLY:</b>
	Form No. _____
	Date of Application dd/mm/yyyy

**Sub: Claim as \*Nominee/ Survivor for Payment of Balances in the \*Deposit Accounts/ Shares / Release of Contents of Safe Deposit Lockers kept by Shri/ Smt./ Kum. (Name of \*Deceased/ Missing Customer)**

I/ We \_\_\_\_\_ (Nominee(s)/ Survivor(s)) hereby declare that I am/ we are the \*Nominee(s)/ Survivor(s)/ appointed as Guardian of a Minor Nominee/ Survivor in the \*Deposit Accounts/ Shares/ Safe Deposit Lockers kept by Shri/ Smt./ Kum. \_\_\_\_\_ (Name of Deceased/ Missing Customer) who \*expired on \_\_\_\_\_ / is missing/ not traceable since \_\_\_\_\_.

2. I/ We furnish below the required information about the deceased customer:

(a) Date and Place of Death \_\_\_\_\_

(b) Details of Death Certificate No. \_\_\_\_\_ dated \_\_\_\_\_ Authority \_\_\_\_\_  
(copy enclosed). (Original to be produced for verification)

(c) Age (as on the date of death) : \_\_\_\_\_ Yrs.

(d) Marital Status (as on the date of death) : Married / Unmarried/ Widow(er)

(e) Address:

\_\_\_\_\_  
City/ District: \_\_\_\_\_ PIN: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

3. I/ We, therefore, submit my/ our Claim as Nominee(s)/ Survivor(s)/ Guardian on behalf of Minor Nominee/ Survivor for \*payment of the balance with accrued interest in deposit accounts/ Shares / release of contents of safe deposit lockers/ kept by deceased customer as per details given below:

**a. Deposit Accounts**

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
<b>Total</b>				

**b. Safe Deposit Locker No.** \_\_\_\_\_ **Mode of Holding:** \_\_\_\_\_

**c. Share Membership No:** \_\_\_\_\_ **No of Shares** \_\_\_\_\_

**Share Amount** \_\_\_\_\_ **Unpaid Dividend** \_\_\_\_\_ **Total amount** \_\_\_\_\_

**4. Details of Nominee(s)/ Survivor(s):**

4.1 I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) in deposit accounts of the deceased to the account(s) given below:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address	Bank Name, Account Type & Number, and IFSC details
	Name	Address			
1					
2					
3					

4					
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4.2 I/ We request the bank to \*release the contents of safe deposit lockers to the following persons:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address
	Name	Address		
1				
2				
3				
4				

4.3 For the minor nominee(s)/ survivor(s), name of such nominee(s)/ survivor(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

5. I/ We undertake that

(i) I/ We shall hold/ receive the aforesaid amount/ articles in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.

(ii) The aforesaid \*accounts/ shares/ safe deposit locker are not the subject matter of any dispute and that there is no Court order restraining me/ us from claiming or the bank from settling the claim in my/ our favour or otherwise.

(iii) I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased or any other dues payable to the bank, from the balance held by the Deceased in the aforementioned account(s).

6. I/ We have attached the following documents for the purpose of settlement of my/ our claim:

- \*Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)
- Officially Valid Document<sup>1</sup> in support of the identity and address of the Nominee(s)/ Survivor(s) making the claim.

Note: "Officially Valid Document" (OVD) means the passport, the driving licence, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address.

7. The facts stated above are true and correct to the best of my/ our knowledge and belief.

8. Name and signature of the \*nominee(s)/ survivor(s) who will receive the balance payable/ articles in safe deposit locker

Sr. No.	Name of nominee(s)/ survivor(s)/ Guardian of Minor Nominee	Signature/ Thumb impression
1		
2		
3		
4		

Note: In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the bank.

\_\_\_\_\_  
Name and address of witness (in case of claimant(s) placing the thumb impression):

Signature of witness:

\*(Delete whichever is not applicable)

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### DETAILS OF LIABILITIES (IF ANY)

Loan A/c		<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch		Balance	
Loan A/c		<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch		Balance	

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

- We have verified the identity of the claimant/legal heirs and authenticity of the claim documents and found them to be correct.
- Adequate due diligence has been exercised while verifying identity of the claimant/legal heir(s).
- Ensured that the items listed in the death-claim checklist are properly verified/checked.
- Checked for existence of insurance policy of the deceased under PMJJBY & PMSBY and informed the claimant.
- Notified the claimant & legal heirs about transactions made in the account(s) of the deceased after his/her death, and obtained their NOC & clarification for the said transactions.
- Obtained necessary NOC, Affidavit, Indemnity Bond duly notarized and stamped as per the Stamp Act of the State.
- Interest shall be paid at the rate applicable to SB accounts from the date of death in Current accounts of the deceased (Applicable to Proprietorship business, till the date of settlement).
- Explained the contents of this form to the claimant who has signed claim form and other documents in vernacular language.
- Unused cheque leaves were collected and destroyed.
- No Liability exists with the Bank.
- KYC Documents submitted by customer are verified online.
- Death Certificate verified through QR code, website or with original certificate.

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

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

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

NAME :

NAME :

### NOTES OF RECOMMENDING/SANCTIONING AUTHORITY AT CENTRAL OFFICE

The claim has been recommended/sanctioned/approved for settlement.

Signature \_\_\_\_\_

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

Verifying C.O. Official

Head of Banking Operations Dept.

MD & CEO