

**DEATH CLAIM FORM**

For Account without nominee / survivorship clause

**Bharat Co-operative Bank (Mumbai) Ltd**

MULTI-STATE SCHEDULED BANK

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

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

Affix photograph of the claimant &amp; sign across the photograph.

Branch stamp to be affixed across the photo.

Please stick the photo &amp; 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

Dear Sir/Ma'am,

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

I/ We \_\_\_\_\_ (Claimant(s)) hereby declare that I am/ we are the claimant(s) in the \*Deposit Accounts/ Shares/ Safe Deposit Locker 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: \_\_\_\_\_ Yrs.

(d) Marital Status: Married / Unmarried/ Widow(er)

(e) Address: \_\_\_\_\_

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

(f) Mention which law of succession is applicable \_\_\_\_\_ (Hindu, Mohammedan, etc.)

(g) Name, Relation &amp; Age of the legal heir(s) of the deceased:

Sr. No.	Name & Address	Age	Relation	Mobile Number & Email Address	Whether signing Letter of Disclaimer/ No Objection (Yes/ No)
1					

2					
3					
4					

(h) In case of minor legal heir(s), details of Natural Guardian/ Legal Guardian:

Sr. No.	Name of the Minor Legal Heir	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

3. I/ We, therefore, submit my/ our Claim for \*payment of the balance with accrued interest in deposit accounts/shares/ release of contents of safe deposit locker 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: \_\_\_\_\_

Details of Articles (if known): \_\_\_\_\_

c. Share Membership No: \_\_\_\_\_ No of Shares \_\_\_\_\_  
Share Amount \_\_\_\_\_ Unpaid Dividend \_\_\_\_\_ Total amount \_\_\_\_\_

4.1 I/ We undertake that

(i) I/ We shall hold/ receive the aforesaid amount/ payment 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 lockers 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 customer or any other dues payable to the bank, from the balance held by the Deceased customer in the aforementioned account(s).

(iv) To indemnify and hold the bank harmless against any claims, suits, legal proceedings by any legal heirs, executors, administrators, legal representatives, arising out of/ in connection with the settlement of this deceased claim in accordance to this request letter.

4.2 I/ We declare that

(Select the applicable option)

- there is no Will left behind by the Deceased to the best of my/ our knowledge and belief.
- The Will submitted by me/ us is the last Will left behind by the Deceased and the same is not the subject matter of any dispute.

4.3 I/ We lodge my/ our claim for the above \*balance with accrued interest/ balance in shares /safe deposit locker of the above-named deceased in terms of:

(Select the applicable option)

- Will of Late Shri/ Smt/ Kum. \_\_\_\_\_ dated \_\_\_\_\_ (copy enclosed). The Will has neither been Probated nor has any Letter of Administration been obtained with respect to the same.
- Will of Late Shri/ Smt/ Kum. \_\_\_\_\_ dated \_\_\_\_\_ and a probate granted by the court of \_\_\_\_\_ located at \_\_\_\_\_ vide order dated \_\_\_\_\_ (copy enclosed).
- Letter of Administration No. \_\_\_\_\_ dated \_\_\_\_\_ issued by \_\_\_\_\_ at \_\_\_\_\_ (copy enclosed).

- Succession Certificate dated \_\_\_\_\_ granted by the Court of \_\_\_\_\_ located at \_\_\_\_\_ vide order dated \_\_\_\_\_ (copy enclosed).
- Court decree dated \_\_\_\_\_ issued by the Court of \_\_\_\_\_ located at \_\_\_\_\_ (copy enclosed).
- Legal Heir Certificate granted by \_\_\_\_\_ at \_\_\_\_\_ vide order dated \_\_\_\_\_ (copy enclosed).
- Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased depositor (copy enclosed).

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

Sr. No.	Name of Claimant	Bank Name and A/c No.	IFSC	Branch Details
1				
2				
3				
4				

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

Sr. No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor
1				
2				

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

Sr. No.	Name of Claimant
1	
2	
3	
4	

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

- \*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 in support of the identity and address of the Claimant(s) making the claim.
- Will/ Probate of Will
- Letter of Administration
- Succession Certificate
- Court Decree/ order
- Legal Heir Certificate
- Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased customer
- Bond of indemnity signed by Claimant(s)
- Bond of indemnity/ surety signed by Third Party(ies)
- Letter of disclaimer/ no objection from non-claimant legal heir(s)

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 claimant(s) who will receive the balance payable/ articles in safe deposit locker

Sr. No.	Name of the Claimant/ Guardian of Minor Claimant	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)

Note :1. Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Document in case there are disputes among legal heirs and all of them do not join in indemnifying the bank, or give Letter of Disclaimer/ No Objection, or where the bank has reasonable doubt about the genuineness of the claimant(s) being the only heirs of the deceased customer. The bank shall duly advise the claimant(s) in such cases.

2. In case the bank receives multiple claims from legal heirs of the deceased or in cases where there are inter se disputes amongst the legal heirs or a third party produces Will of the deceased, the bank shall not settle the claim unless the concerned party produces an Order/ Decree from Competent Court or Probate of the Will (as may be applicable), till such time the claim shall be kept on hold/ pending.

**FOR OFFICE USE ONLY**

**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