

(To be used for cases without nomination / joint account with no survivorship clause)

 Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

 From _____

 To
 The Branch Manager
 Ujjivan Small Finance Bank Ltd.,
 _____ Branch

Dear Sir/Madam,

 Re: **Account No:** _____ **of Late Mr./Mrs./Ms.** _____

 I/We inform you the sad demise/ is missing/ not traceable of Mr./Mrs./Ms. _____
 on _____ (DD/MM/YY) .

1. 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: _____

2. He/she holds the following accounts at your branch. 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/ release of contents of safe deposit lockers kept by deceased customer as per details given below:

 Late Shri / Smt / Kum _____ was maintaining following Accounts /
 safe deposit locker in your Branch:

a. Deposit Accounts:

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)	Name and Address of the Account holder
1					
2					
3					
4					

b) Safe Deposit Locker No. _____ **Mode of Holding** _____

3. I/We lodge my/our claim for the balances/ contents in safe deposit locker with accrued interest lying to the credit of the above-named deceased who died intestate.

I/we am/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 of the deceased:

Father:

Mother:

2. Religion of the deceased:

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

Sr. No.	Name	Complete Address	Occupation	Age	Relationship with the Deceased
1					

4. Name or Names of the Guardian/s of the minor

Children of the Depositor :

a) Whether Natural Guardian :

b) Whether Guardian appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order

c) In whose custody the Minor/Minors is/are? :

Sr. No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email ID of the Guardian
1						
2						

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

.....

.....

.....

6. 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/ 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.

6.1 I/ We declare that

- ☐ 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.

6.2 I/ We lodge my/ our claim for the above balance with accrued interest/ safe deposit locker of the above- named deceased in terms of: (Tick as applicable)

- ☐ 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).

7.1 I/ We request you to pay the balance amount lying to the credit of the above-named deceased to on my/our behalf.

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

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

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

Detail of Claimants			
Sr. No.	Name	Address	Mobile Number
1			

**8. I/We submit the following documents. Please return the original Death Certificate to us after verification:
(Tick the documents as applicable).**

- a) Death Certificate dated issued by
- b) Identity Proof (of Claimants) (Officially Valid Document³ in support of the identity and address of the Claimant(s) making the claim.
- c) Letter of Indemnity signed by Claimant(s)
- d) Indemnity/ surety signed by Third Party(ies)
- e) Legal Heir Certificate
- f) Succession Certificate
- g) Will/ Probate of Will
- h) Decree/ order
- i) Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased customer

9. I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

.....
Signature(s)

Name(s) of the Claimant(s) who will receive the balance payable/ contents in safe deposit locker.

Sr. No.	Name of / Guardian of Minor Claimant	Signature/ Thumb impression
1		
2		
3		
4		

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

Signature of witness