Annexure-I

Application Form for settlement of claim in deceased depositors' accounts

(To be used when account has nomination or is a joint account with survivorship clause) **From**

То The Branch Manager, Bank of India. Branch Dear Sir. Re: Deceased Account Late Shri/Smt..... Account No(s)..... 1. I/We advise the demise of Shri/Smt. on He/She holds the above account(s) at your branch. The account is in the name(s) of: A. In case of Nomination * 2. I.....son/daughter of Shri..... residing at am the registered nominee in the above account(s). (i) the person authorized to receive payment on behalf of Master / Miss (ii) is a minor as on the date of this 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. In the case of joint account * B. I/We Request you to delete the name of deceased person and continue the account in my /our name(s) with same mode of operations. 3. I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification. Death Certificate issued by Identity proof (required in nomination cases) Place: Yours faithfully, Date: (Claimant(s)) Witness : 1.Magistrate or judicial Official 1. Name (*Strike out whichever is not applicable) or 2.An Officer of the Central or State Government or 3. An officer of a bank or 4. Two persons acceptable to the bank

..... Address ••••• Signature 2. Name Address Signature

Annexure-II

Application Form for settlement of claim in deceased depositors' accounts

(To be used when account has no nomination or is a joint account without survivorship clause)

Date _____

To,

Bank of India, Branch.

Dear Sirs,

<u>Re</u> : Claim for payment of Balance of	f Accour	nt of				(d	ecea	sed)
I/We advise the demise of Shri/Smt.				on				<u> </u>
He/She holds the above account(s)	at your	branch.	The	account(s)	is/are	in	the	name
of:								

I/We lodge my/our claim for the balances 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 :

		Name		Age	Sex	Occupa tion	Relationship with the deceased
1.	Deceased					-	-
2.	Claimants/s, Hiers	1.					
	(proof of identity	2.					
	enclosed)	3.					
3.	Two sureties with address	1. 2.					-
4.	Claim Amount (please enclose		Type of A/c		No.		Amount
	passbook / cheq	ue	SB				
	book / TDR as		CD				
	applicable)		RD				
			TDR				
					Total		
5.	Other Assets &				D1		
(a)	Assets (Movabl Banks/branches					nclude dep	osits with other
	Details	7	Val		,	Thei	r claimant
(b)	Immovable Pro	perties					
	Details	I		lue		Thei	r Clamant
(c)	Liabilities (inclu	uding tax	x liability	and unsat	isfied cred	itors, if any	1
L	1		I			I	2/_

7.	Whether deceased left a will	Yes/No
8.	Whether any legal representation obtained like succession certificate etc.?	Yes/No
9.	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?	
10	Any other facts which the applicant(s) wants to state in sup	port of his/her/their claim.

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by: ______ 2.Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased toon my/our behalf.

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

Place:			Yours
faithfully,			
Date :			
Encl.:			
Name of Claimant	Address	<u>A/c with us,</u>	Signature of
Claimant(s)		if any & Type	
1			
1.			
2.			
3.			

Annexure-III

<u>Indemnity Letter</u> for payment of balance in account of deceased depositors					
To be used for cases other than nomination or is a joint account without survivorship clause) Name:					
Address:					
/ tuti 055					
Date :					

To:

Bank of India.

_____Branch.

Dear Sirs.

Re.: Payment of balance of Rs._____in the account of Mr./Mrs./Miss

(Deceased)

Mr./Mr	s./Miss						.had	the	Current
Account	No	S	avings	Bank	Acco	ount	No		
/Fixed/Short/	Monthly	Income	Certificate	/	Double	Benefit	Dep	posit	Account
No	/Re	ecurring D	eposit Acco	ount N	Jo	wit	h your	Bank	

2. Mr./Mrs./Miss.....had expired onhad expired onhat expired on his/her death the credit balance(s) in his/her respective account(s) as under :

(a)	Current Account No.	:	Rs.	
(b)	Savings Bank Account No.		:	Rs
(c)	Fixed/Short/Monthly Income			
	Certificate/ / Double Benefit Deposit			
	Account no.		:	Rs
(d)	Recurring Deposit Account no.		:	Rs
	Total	:		Rs

....2/-

3. I/We have represented to you : that the deceased died without leaving a Will and I/We the undersigned (a) (i).....(ii) (iii).....etc., am/are the only heir(s) of the deceased according to the law of intestate succession applicable to him/her OR (a) that the deceased died leaving his/her last Will and testament dated.....and we the undersigned (Names of the Executors) _____ are the executors thereof; and that has he/she died without leaving the Will, We the undersigned namely (Names of the Heirs) would have been the heirs of the deceased according to the personal law of intestate succession applicable to him/her; that we do not intend to obtain any grant of legal representation to the (b) estate of the deceased: (c) that we are the only persons entitled to the properties and assets of the deceased, as such executors/heirs as on intestacy. We have requested you to pay the said balance in the said account(s) to 4. all/.....of us the undersigned (Names of persons to whom payment is to be made)

which you have agreed to do on the faith and strength of and relying on my/our above representation and on my/our executing such indemnity in your favour as is hereinafter appearing.

5. In consideration of above premises, I/We so as to bind myself / ourselves jointly and each severally and my/our respective heirs, executors, administrators, estate and effects jointly and severally undertake and agree with you, your successors and assigns as follows:

- (a) to keep you safe and indemnified against all claims, demands, actions, proceedings, losses, damages, costs, charges and expenses (the legal costs being between attorney and client) which may be made or brought or commenced against you or be paid, sustained, suffered or incurred by you howsoever, as a consequence direct or indirect of your paying the said sum in the above accounts to me/us without insisting on a grant of legal representation
- (b) to pay to you on demand the amount of any such losses, damages, costs, charges and expenses together with interest at.....%p.a. from the date of payment by you until reimbursement by me / us.

			Yours fa	aithfully,	
In consideration of	the premises, we the	e undersigned			
	[Name ((s) of surety(ies)]		
	ly guarantee to you, l l indemnify by the ex			all moneys du	ıe
	1	2	3	4	
Signature					
Name					
Address					

Annexure-IV

RECEIPT

Received with thanks from Bank of India,				branch, a sum of Rs.							
	(Ru	pees						on	ly) b	y Bar	ıker's
Cheque	No			dated				in	fa	wour	of
								in	full	and	final
settlement	of my/our cl	aim as succ	cess	or on th	e bala	ince ii	n			Ассои	unt(s)
No(s)		standing	in	the na	me of	f the	dece	ased	Shri	/Smt/	Kum.
				I/We	do no	t have	e any	other	clain	n froi	m the
Bank henc	eforth.										
Place:											
Date:											
						(Sign	ature o Ove			egal h e stan	

Annexure-V

DECLARATION in case funds are settled in favour of a Minor

Father and Natural Guardian

2*/Deceased-circular

Check-list of Documents

Annexure-VI

Settlement of Claims in respect of Deceased Depositors

	Claims	Document obtained : Yes/No
	Accounts with Nomination clause: Application for settlement of claim in deceased epositors' accounts from Nominee/ Guardian of ominee – Annexure I	Yes/No
i)	Copy of Death Certificate (Verified with original)	Yes/No
ic	Identify proof (Ration Card, Election ID Card, PAN Card or Passport or any other satisfactory proof of dentification acceptable to the bank or proof of uthority of legal heir(s) wherever applicable)	Yes/No
2.	Joint Accounts with Either or Survivorship	
	clause: Application for settlement of claim in deceased lepositors' accounts from Survivor(s) – nnexure I	Yes/No
(ii)	Copy of Death Certificate (Verified with original)	Yes/No
Ac (i) Aj	or cases other than Nomination/Joint counts without survivorship clause: pplication for settlement of claim in deceased positors' accounts from legal heirs – Annexure II	Yes/No
(ii)	Copy of Death Certificate	Yes/No
(iii)	Letter of Indemnity signed by claimant(s) and Sureties – Annexure III	Yes/No
4. RE	CEIPT - Annexure IV	Yes/No
4. RE(CEIPT - Annexure IV	Yes/No

2*/Deceased-circular

Authority Letter for pipeline credits

From			_		
To The Branc Bank of In	/		_		
Dear Sir,	Bra	nch			
,		Late S	sed Account Shri/Smt 1nt No(s)		
I/We	advise	the		of	
	olds the above a	ccount(s) at	-		
					ter/
(if any ot Shri/Smt	her relation - pl.s	pecify) of	-	-	
	am the re ounts.	gistered nom	inee / joint acco	unt holder / lega	al heirs in the
	nit photocopy of original to us afte	0	, , ,	gether with ori	ginals. Please
	ath Certificate iss entity proof (requ	•	ation cases)		
Please ope	en an account style	ed as "Estate		Deceased' where	e all the
for next	ows in the name o months and ed in this account.	settle our cla	ed account holde	r be allowed to	be credited
Place: Date:				Yours faithfu	ully,
				(Claimant(s	s))

Witness :

1.Magistrate or judicial Official

or

2.An Officer of the Central or State Government

or

3. An officer of a bank

or

4. Two persons acceptable to the bank

(*Strike out whichever is not applicable)

1.	Name
	•••••
	•••••
Address	
	•••••
••••••	••••
•••••	••••••
Cignoturo	
Signature	
2. Name	
2. I vallie	
Address	
Signature	

Payment in Missing Person Account.

<u>Annexure-I</u> <u>Application Form for settlement of claims in missing depositors'</u> accounts

(To be used when account has nomination or is a joint account with survivorship clause)

From

To The Branch Manager Bank of India,								
	Branch							
Dear Sir,								
	Re:	Shr	i/Smt	epositor No(s)…	•••••	• • • • • • • • • •	•••••	
1.		I/W	'e	advis	se	that is i	s missing	Shri/Smt. from
	and is	not	tracea	able.	He/S	he ho	lds the	above
account(s) at y of:	our brar	nch.	The	accou	unt is	s in	the 	name(s)

A. In case of Nomination *

(iii) the registered nominee in the above account(s).

Please settle the balance in the account in the name of the nominee. I/we note to receive the payment as trustee(s) of the legal heirs of the missing person.

C. B. In the case of joint account with survivorship clause *

I/We request you to delete the name of missing person and continue the account in my /our name(s) with same mode of operations.

2. I/We submit photocopy of the following document(s) together with the originals. Please return the original to us after verification.

- i) Court Order issued by Hon'ble Judge (if obtained, the following documents listed below need not be submitted)
- ii) Identity proof (of claimants required in all cases)
- iii) Copy of FIR lodged with Police authority.
- iv. Certificate issued by Police authorities that such missing person is not traceable.
- v) The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority.
- vi) Declaration by the Nominee /Legal Heirs of the missing person/depositor that the missing person has not been heard of for the last seven years.

Place:

Date:

Yours faithfully,

(Claimant(s))

Witness :

1.Magistrate or judicial Official or

or of th

2.An Officer of the Central or State Government

or

- 3. An officer of a bank or
- 4. Two persons acceptable to the bank

(*Strike out whichever is not applicable)

3.	Name
	Address
	Signature
4.	Name
	Address
	Signature

3*D/cir.sms/ksg.br.cir.missing.acnt.holder.17.11.08

Annexure-II

Application Form for settlement of claim in missing depositors' accounts

(To be used when account has no nomination or is a joint account without survivorship clause)

Date _____

To,

Bank of India,

_____ Branch. Dear Sirs.

Re : Claim for payment of Balance in the Account of(missingperson)

I/We advise that Shri/Smt. ______ is missing from ______ and is not traceable. He/She holds the above account(s) at your branch. The account(s) is/are in the name of: ______.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named depositor who is missing. I / we am / are the legal heirs of the above named missing depositor and lodge my/our claim for payment as per the bank's rules and discretion. The relevant information about the missing person and the legal heirs are as under :

		Name	Age	Sex	Occupation	Relationship with the missing person
1.	Missing person				_	-
2.	Claimants/s, Hiers (proof of identity	1.				
	enclosed)	2.				
3.	Two sureties with address	1.				-
	address	2.				
4.	Claim Amount	Type of A/c		N	0.	Amount
	(please enclose	SB				
	passbook / cheque	CD				
	book / TDR as	RD				
	applicable)	TDR				
				То	tal	
5.	Other Assets & Liab	oilites of the mi	ssing pe	rson		
(a)	Assets (Movable oth					sits with other
	Banks/branches, PF	& LIC claims/	receivab	les etc.)		
	Details	Value			Their claima	nt
(b)	Immovable Propertie					
	Details	Value			Their Clama	nt
(c)	Liabilities (including	g tax liability a	nd unsat	isfied c	reditors, if any	

6.	Whether missing person left a will	Yes/No
7.	Whether any legal representation obtained like succession certificate etc.?	Yes/No
8.	 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? 	:
9	Any other facts which the applicant(s) wants to state in sup	port of his/her/their claim.

I/We submit the following documents. Please return the original Court Order issued by Hon'ble Judge to us after verification:

- i) Identity proof (of claimants required in all cases)
- ii) Copy of FIR lodged with Police authority.
- iii) Certificate issued by Police authorities that such missing person is not traceable.
- iv) The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority.
- v) Declaration by Legal Heirs of the missing person/depositor that the missing person has not been heard of for the last seven years.
- vi) Indemnity letter regarding payment of balance in the account of a missing person/account holder.

We request you to pay the balance amount lying to the credit of the above named missing depositor toon my/our behalf.

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

Place:			Yours
faithfully,			
Date :			
Name of Claimant	Address	<u>A/c with us,</u>	Signature of Claimant(s)
1.		<u>if any & Type</u>	
2.			

Annexure-III

<u>Indemnity Letter</u> (for payment of balance in account of missing depositors' accounts) (To be used for cases other than nomination or is a joint account without survivorship clause)

Nar	ne:
	Address:

Date :

To:

Bank of India.

_____Branch.

Dear Sirs.

Re.: Payment of balance of Rs._____in the account of Mr./Mrs./Miss ------(Missing Depositor)

Mr./Mrs./Miss.....had the Current Account No.....Savings Bank Account No....../Fixed/Short/Monthly Income Certificate / Double Benefit Deposit Account No....../Recurring Deposit Account No......with your Bank.

2. Mr./Mrs./Miss..... went missing from and is not traceable, leaving at the time of his/her going missing the credit balance(s) in his/her respective account(s) as under :

(a)	Current Account No.	:	Rs.		
(b)	Savings Bank Account No.		:	Rs	
(c)	Fixed/Short/Monthly Income				
	Certificate/ / Double Benefit Depos	sit			
	Account no.		:	Rs	
(d)	Recurring Deposit Account no.		:	Rs	
	Tota	al :		Rs	-

- 5. I/We have represented to you :
 - (b) that the depositor went missing without leaving a Will and I/We the undersigned

(i)..... , etc., am/are the only heir(s) of the missing depositor according to the law of intestate succession applicable to him/her OR that the depositor went missing leaving his/her last Will and testament (d) dated.....and we the undersigned _____ . . . (Names of the Executors) are the executors thereof; and that has he/she went missing without leaving the Will. We the undersigned namely (Names of the Heirs) would have been the heirs of the missing depositor according to the personal law of intestate succession applicable to him/her;

- (e) that we do not intend to obtain any grant of legal representation to the estate of the missing depositor;
- (f) that we are the only persons entitled to the properties and assets of the missing depositor, as such executors/heirs as on intestacy.
- 6. We have requested you to pay the said balance in the said account(s) to all/.....of us the undersigned

(Names of persons to whom payment is to be made)

which you have agreed to do on the faith and strength of and relying on my/our above representation and on my/our executing such indemnity in your favour as is hereinafter appearing.

5. In consideration of above premises, I/We so as to bind myself / ourselves jointly and each severally and my/our respective heirs, executors, administrators, estate and effects jointly and severally undertake and agree with you, your successors and assigns as follows:

- (c) to keep you safe and indemnified against all claims, demands, actions, proceedings, losses, damages, costs, charges and expenses (the legal costs being between attorney and client) which may be made or brought or commenced against you or be paid, sustained, suffered or incurred by you howsoever, as a consequence direct or indirect of your paying the said sum in the above accounts to me/us without insisting on a grant of legal representation
- (d) to pay to you on demand the amount of any such losses, damages, costs, charges and expenses together with interest at.....%p.a. from the date of payment by you until reimbursement by me / us.

Yours faithfully,

.....

In consideration of the premises, we the undersigned

..... [Name (s) of surety(ies)]

······

jointly and severally guarantee to you, Bank of India, the payment of all moneys due under the aforesaid indemnify by the executants thereof

1.	Signature
	_
	Name
	Occupation
	_
	Address
	_

Annexure-IV

RECEIPT

Received	with thanks from Bank of India,	_ bran	ch, a	sum c	of Rs.
	(Rupees	on	ly) by	y Ban	ker's
Cheque	No dated	in	fa	vour	of
		in	full	and	final
settlemen	t of my/our claim as successor on the balance in			Acco	unt(s)
No(s)	standing in the name of the missing de	eposito	r Shri	/Smt/l	Kum.
	I/We do not have an	y other	clain	n fror	n the
Bank hen	ceforth.				
Place:					
Date:					
	(Signature of all the	e Legal	heirs	/ Nor	ninee

Over a revenue stamp)

Annexure-V

DECLARATION in case funds are settled in favour of a Minor

I,	father and r	natural g	guardian	of		- hereby
certify that the proceeds	of your Banke	er's Cheq	ue No			dated-
favoring	is	ssued by	you in	settlement	of the b	palance in
account number	of				will l	be utilized
for the benefit of the min	or only.					

Father and Natural Guardian

Check-list of Documents

Settlement of Claims in respect of Missing Depositors

Claims	Document obtained : Yes/No
3. Accounts with Nomination clause:	
I)Application for settlement of claim in missing depositors' accounts from Nominee – Annexure I	
ii) Court Order issued by Hon'ble Judge	
 iii) Identify proof in all cases (Ration Card, Election ID Card, PAN Card or Passport or any other satisfactory proof of identification acceptable to the bank wherever applicable) iv) Copy of FIR lodged with Police authority. 	
v) Certificate issued by Police authorities that such missing person is not traceable.	
vi)The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority.	
vii)Declaration by the Nominee of the missing person/depositor that the missing person has not been heard of for the last seven years.	
4. Joint Accounts with Either or Survivorship or Former or Survivorship clause:	
I) Application for settlement of claim in missing depositors' accounts from Nominee / Survivors– Annexure I	
ii) Court Order issued by Hon'ble Judge	
iii) Identify proof in all cases (Ration Card, Election ID Card, PAN Card or Passport or any other satisfactory proof of identification acceptable to the bank wherever applicable)iv) Copy of FIR lodged with Police authority.	
v) Certificate issued by Police authorities that such missing person is not traceable.	
vi) The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority.	
vii) Declaration by the Survivors of the missing person/depositor that the missing person has not been heard of for the last seven years.	

3. For cases other than Nomination/Joint	
Accounts without survivorship clause:	
i) Application for settlement of claim in missing depositors'	
accounts from legal heirs – Annexure II	
ii) Court Order issued by Hon'ble Judge .	
iii) Identify proof in all cases (Ration Card, Election ID	
Card, PAN Card or Passport or any other satisfactory proof	
of identification acceptable to the bank or proof of authority	
of legal heir(s) wherever applicable)	
iv) Copy of FIR lodged with Police authority.	
v) Certificate issued by Police authorities that such missing	
person is not traceable.	
vi) The report of non-traceability of missing person by the	
Police should be of a date after 7 years from the date of	
registration of FIR and enquiry by the Police authority.	
vii) Declaration by the Nominee of the missing	
person/depositor that the missing person has not been heard of	
for the last seven years.	
viii) Indemnity letter regarding payment of balance in the	
account of a missing person/account holder.	
4. RECEIPT - Annexure IV	