

ANNEXURE-I TO FORM - F
(Letter of indemnity)

TO

The BranchManager / Incharge,
_____ (Name of the deposit office)

In consideration of your payment or agreeing to pay me /
us _____

[Name(s) of Legal heir(s)] the sum of Rs _____ (Rupees _____
_____.) standing in the account No _____ under SENIOR

CITIZENS SAVINGS SCHEME, 2004 with your office in the name of _____

_____ without production of letters of administration or a succession certificate to the
estate of the _____ deceased _____ (name of the depositor),

I/We _____ and

we _____ (sureties) do hereby for ourselves and our

heirs, legal representatives, executors and administrators join tly and severally undertake and agree to indemnify
you and your successors and assigns against all claims, demands, proceedings, losses , damages, charges and
expenses which may be raised against or incurred by you by reason or in consequence of having agre ed to
pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this _____ day of _____ in
the presence of witnesses,

Signed and delivered by the above named
heir/heirs of the deceased.

Signed and delivered by the
above named sureties (Signature, names and address)

1.

2.

Signature, names and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC

ANNEXURE-II TO FORM - F

(Affidavit)

TO

The BranchManager / Incharge,
 _____(Name of the deposit office)

I / We _____ Husband of / wife of late _____
 aged _____ sons/daughters of the said late _____
 resident of _____ do hereby declare and sole mnly affirm as under :-

- (1) That I / we am/are the only heir(s) of the deceased _____ who died at _____
 on _____. I / We alone represent the estate of Shri/Smt _____
 - (2) That the deceased _____ did not leave any wil l and therefore I / we are the only successor(s) to
 the estate of the said deceased.
- 1.
 - 2.
 - 3.

DEPONENTS

VERIFICATION: I / We, the above -named deponents do hereby verify on solemn affirmation in _____
 (name of place) that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been
 concealed.

Dated _____.

- 1.
- 2.
- 3.

DEPONENTS

ATTESTED

OATH COMMISSIONER

ANNEXURE-III TO FORM - F

(Letter of disclaimer on Affidavit)

TO

The Branch Manager / Incharge,
 _____ (Name of the deposit office)

I / We (i) _____ Husband of / wife of _____

Resident of _____

(ii) _____ son/daughter of _____

(iii) _____ son/daughter of _____

do hereby declare and solemnly affirm as follows :-

(1) That S hri/Smt _____ died intestate on _____
 leaving behind us _____ his/her only heirs.

(2) That we _____ heirs of our late father/mother for
 ourselves and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the balance
 of Rs _____ which may be credited to the account sought by our mother/father to be
 opened in the deposit office in the name of the estate of the said _____
 deceased father/mother after the realisation of Draft No _____ on _____
 issued by _____ (name of the deposit office) and we
 have no objection whatsoever in the balance in the above -referred account No _____ together with
 interest, if any, accrued thereon being paid by the Deposit office _____ to our mother/father
 Mrs./Mr _____

1.

2.

3.

DEPONENTS

VERIFICATION: I / We, the above -named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated _____.

1.

2.

3.

DEPONENTS

I identify the deponent(s) who is/are personally known to me
 and who has/have signed in my presence.

Dated _____

Oath Commissioner