

Claim Format

To,
The Branch Manager,
Rajasthan Marudhara Gramin Bank
_____ Branch

Address for correspondence
Shri/Smt./Kum. _____

Address: _____

Date : _____

Dear Sir,

**Claim for payment of Balances in the account(s) of
Late Shri/Smt./Kum. _____
Expired on _____**

I/We advise that Shri/Smt./Kum. _____ expired on _____ /* is not traceable since _____ *

2. Late Shri/Smt./Kum. _____ was maintaining a Savings Bank / Current Account / R.D. Account / TDR/ STDR etc. _____ accounts in your branch as follows :-

No.	Nature of Deposit	Account No.	Amount \$		Date of maturity	Nature of Liability to the Bank, if any.	Amount	
			Rs.	Ps			Rs.	Ps.
1)						1)		
2)						2)		
3)						3)		
	Total Amount (1 to 3)					Total Amount (1 to 3)		

\$ (The actual amount of claim with accrued interest will be worked out on the date of payment)

3. I / We lodge my / our claim for the above balances with accrued interest of the above named deceased in terms of :-

a. * Will of the late Shri/Smt./Kum. _____ dated _____ and a probate granted by the court of _____ at _____ dated _____ (copies enclosed)

b. * Succession Certificate dated _____ granted by the Court of _____ at _____ (Copy enclosed).

c. * Letter of Administration No. _____ dated _____ issued by _____ at _____ (Copy enclosed).

d. * The deceased died intestate. We lodge our claim without a legal representation for payment as per the Bank's rules and discretion.
(*Strike out if not applicable).

4. We furnish below the required information about the deceased and the legal heirs in this regard:-

a Date & Place of Death _____

b Details of Death Certificate (No., Date, Authority - copy enclosed. Original to be produced for verification) _____

c. Permanent address of the deceased _____

d. Religion _____

e. Which Law of Succession is applicable? _____
(Viz. Hindu, Mohammedan etc.)

f. Names in full of the parents of the deceased:

(i) Father _____

(ii) Mother _____

g. If parent(s) are living, their ages : (i) Father _____ Years (ii) Mother _____ Years.

h. Name in full of the widow/widower of the deceased Smt./Shri _____
Age, (if living) _____ years.

i. Name(s) and Age (s) of the living children of the deceased :-

I) _____ Age _____ Years
II) _____ Age _____ Years
III) _____ Age _____ Years
IV) _____ Age _____ Years

j. Name(s) and Age (s) of the living Grand children of the deceased:-
(Children of only predeceased son or daughter)

I) _____ Age _____ Years
II) _____ Age _____ Years

k. Name(s) and Age (s) of the living brothers of the deceased :-

I) _____ Age _____ Years
II) _____ Age _____ Years

l. Name(s) and Age (s) of the living sisters of the deceased :-

I) _____ Age _____ Years
II) _____ Age _____ Years

m. Name(s) of the Minor(s) and Natural Guardian(s) / Legal Guardian(s) of minors amongst the claimants.

(If legal guardian is appointed, a copy of the order must be enclosed) :-

(1) Name (s) of the Minor Claimant(s) Date (s) of birth

I) _____
II) _____

(2) Name (s) of the guardian(s) and Relationship with the Minor Claimant(s) above.

I) _____
II) _____

n. Shri/Smt./Kum. _____ i.e. the person furnishing the declaration below / the affidavit (Annexure-B) knows our family for last _____ years and is unconnected with our family.

Name(s) in full, address of the heir (s)

i) _____

ii) _____

iii) _____

iv) _____

v) _____

vi) _____

vii) _____

viii) _____

IX) _____

X) _____

I know the deceased and his family since last _____ years. I am not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

Certified that to the best of my knowledge and belief the facts stated above are true and correct

Name in full and address of the person signing the declaration

Signature with date

Place and date: _____

(To be signed by an independent respectable person well known to the deceased person's family but unconnected with it and acceptable to the Bank)*

*(Where the amount of the claim for balance exceeds Rs. one lakh, the person furnishing the declaration will have to execute an affidavit as per the format (Annexure-B).

FOR OFFICE USE

Report of the Recommending Authority

I have made necessary inquiries about the claim made by the claimants and satisfied that the claim can be settled. The sureties are waived (Amounts upto Rs. 50,000/-)* /Surety(ies) offered are acceptable as per Bank's extant instructions*. All the necessary documents have been obtained. The claim may be paid to the claimants

*(Strike out if not applicable).

Any other remarks _____

Place : _____

Date : _____

Signature with Date
Name and Designation
(Recommending Authority)

Sanctioned and Control Return sent on _____

Place : _____

Date : _____

Signature with Date
Name and Designation
(Sanctioning Authority)

Disbursement and Record

Amount paid by banker's cheque No. _____ dated _____ for Rs. _____

(Rupees _____ only)

and receipt obtained as per sanction No. _____ dated _____.

Documents kept in Branch Documents vide Item No. _____ Page No. _____ .

Place : _____

Date : _____

Signature with Date
Name and Designation
(Disbursing Authority)

(Where the Recommending Authority and Sanctioning Authority is same, he should sign in both the capacities).

NOTE :

- 1) A letter of indemnity is to be stamped as an agreement. A Letter of Indemnity need not ordinarily be attested provided the executants attends the Bank personally or his signature is on record with the Bank. It will have to be stamped as an Indemnity Bond, if attested by a witness.
- 2) Where the executants/signatories of the documents are residents in different places/ states the following guidelines should be followed.

"The Section 17 of the Indian Stamp Act, 1899 provides that all instruments chargeable to the duty and executed by any person in India shall be stamped before or at the time of execution "Execution" here means "Signature". The chargeable event is the execution of the instrument, section 19A added locally in various States provides for payment of difference in duty, if any, in accordance with the rates in force in those states. In other words, in such case, the instruments to be executed may be stamped according to the applicable laws of the first person signing the documents and if the rate of duty payable in the another State where the executants resides is higher, the instrument may be further stamped (Adhesive Stamps) with the difference in duty. However, if the rate is same or lower, it will not be required to be further stamped. In the alternative, the instrument may be stamped with the highest duty chargeable on the instrument at the time of execution by the first signatory of the instrument/document."

before a "Judge/Magistrate/Notary instead of the declaration. The affidavit will be stamped according to the Stamp Act in force in the respective state).

(o) *Names and ages of the claimants who propose to execute the Letter of Disclaimer :-
Name Age (years)

- i). _____
- ii). _____
- iii). _____
- iv). _____
- v). _____
- vi). _____
- vii). _____

(p) *A letter of Disclaimer as per Annexure-A duly stamped and executed is enclosed.
*(Strike out if not applicable).

(q) We propose the following surety (ies)
(No surety required for amounts upto Rs. 50,000/-)

Name & Address : Shri/Smt/Kum. _____

Name & Address : Shri/Smt/Kum. _____

(The detailed information on the sureties, to arrive at their worth, is to be furnished in a separate form Annexure-'C' Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of Indemnity . The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State).

(I/We declare that the facts stated above are true and correct to the best of my/our knowledge and belief).

Signature(s) of the claimant(s) who will received the amount

- i) _____
- ii) _____
- iii) _____
- iv) _____
- v) _____
- vi) _____

Place : _____ Date : _____

(To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a "Letter of Disclaimer" as per the format enclosed (Annexure-A) and will be stamped according to the Stamp Act in force in the respective State).

(Please note that the claimants will have to sign the receipt for having received the claim amount).

Encl : As above

(Note : The 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 Representation in case there are disputes among legal heirs and all of them do not join in indemnifying the Bank (or Give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer).

If the space provided is insufficient, please use additional sheet.

(To be duly stamped as per the Stamp Act applicable to the State)

LETTER OF DISCLAIMER

The Branch Manager/Chief Manager/ General Manager
Rajasthan Marudhara Gramin Bank

Dear Sir,

_____ *Account Number _____

in the name of Shri/Smt./Kum. _____ Balance
Rs. _____

With reference to the above account(s). I/we the following legal heirs of the late Shri/Smt./Kum.
_____ (Name of the deceased account holder) have to advise
that we have no interest in the above assets and as such we have no objection to your paying
the balance amount lying in the above account(s) with you in the name of the aforesaid
Shri/Smt./Kum. _____ (Name of the deceased account holder)
to Shri/Smt./Kum. _____.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Such delivery of the payment of the balance in the above account(s) would be completely binding on us and we will not question the Bank's action in so doing if any proceedings. I/We also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein .

S.No.	Name(s) of the claimant	Age	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Signed before me

This _____ day of _____

Seal (Notary Public/ Magistrate)

*Fill in here the type of account viz. Savings Bank/CTD/Term Deposit/Current etc.

(To be duly stamped as per the Stamp Act applicable to the State)

AFFIDAVIT

I/We (1) _____ son of Shri _____ and

(2) _____ son of Shri _____ residing at

(1) _____ and (2) _____ do hereby

make oath*/solemnly affirm and say as follows :-

1. that Shri/Smt./Kum. _____
(Name of the deceased)

(hereinafter referred to as "the deceased") died intestate on _____
at _____.

2. That we know the deceased and his family since the last _____ years.

3. That at the time of his death the deceased left surviving him the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an interstate succession :-

Name Age Relationship with the deceased

- i) _____
- ii) _____
- iii) _____
- iv) _____
- v) _____
- vi) _____
- vii) _____
- viii) _____
- ix) _____
- x) _____
- xi) _____

4. That we are not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have we any claim or interest of whatsoever nature in the estate of the deceased.

5. That we are informed and we verily believe that the deceased has left certain deposits*/assets with the Rajasthan Marudhara Gramin Bank _____ Branch, to which the above mentioned persons are entitled to claim.

6. That we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the Rajasthan Marudhara Gramin Bank _____ Branch, has agreed at our request to make payment of the amounts of the deposits / to deliver the assets to the above mentioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn*/Solemnly affirmed.

at this _____

Day of _____ in the

Presence of _____ Before me.

1. _____

2. _____

Seal

(*Delete whichever is inapplicable) Judge/Magistrate/Notary

OPINION REPORT ON THE SURETY

Annexure-'C'

1. Name in Full :

2. Address :

3. Academic Qualification :

4. Age :

5. Occupation
if employed, please state the name of the employer and since when employed. :

6. Present monthly income/salary (Attach a salary certificate, if income is by way of salary) :

7. Total yearly income from all source. :

7A. No. of Dependents :

8. Personal Assets :

a Immovable Property viz. land / building, flat etc. give details acquisitions, present value etc. :

b Investments (Fixed Deposits, shares etc. (if any) :

c Life Insurance Policy :

d Other Assets. :

e Details of Bank Accounts, if any (Name and address of Banker with the account no. (Current/Savings) to be furnished. :

9. Personal Liability, if any. :

10. Please indicate whether surety is related to the claimants. : Yes/No

11. Period for which claimants are known. : _____ Years

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place :

Date : Signature : (Surety)

Remarks of the Regional Manager/Branch Manager.

Date : Regional Manager/ Branch Manager

(To be duly stamped as per the Stamp Act applicable to the State)
LETTER OF INDEMNITY

(Letter of Indemnity with respect to payment of Balance in the Deceased Constituents' Account without Production of Legal Representations)

To,
The Branch Manager/Chief Manager/ General Manager
Rajasthan Marudhara Gramin Bank

IN CONSIDERATION of your paying or agreeing to pay us,
Insert here the 1) _____
name(s) of the 2) _____
claimants 3) _____
4) _____
5) _____
6) _____

The sum of Rupees _____ Standing at the credit of Savings Bank / Current / CTD/ Account No. etc. _____ with your bank in the name of Shri/Smt./Kum. _____ since deceased, without production of Letters of Administration or a Succession Certificate to his/her estate or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due we,

Insert here the name(s) of the surety(ies) 1) _____
2) _____

do hereby for ourselves and our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered
By the above named on this _____
Day of _____ two thousand _____

SIGNED AND DELIVERED by :

The above named.
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(heirs/ claimants of the deceased)

SIGNED AND DELIVERED by :

The above named.
1. _____ 2. _____

(Sureties)

"Letter of Authority with regard to the treatment of PIPELINE FLOWS (FUNDS) in the name of the Deceased Account Holder"

(To be obtained at the time of settling the claims of deceased depositor and to be treated as Annexure to the documents)

I/We _____

_____ Survivor(s) /
nominee / claimant(s) of deceased Shri/Smt. _____
(date of death _____) holder of account(s) number _____

_____ with _____
branch of Rajasthan Marudhara Gramin Bank, state that :

"In order to avoid hardship to the survivor(s) / legal heirs of (deceased) Shri/Smt. _____
_____ with regard to the treatment of pipeline flows (funds) in
the name of the deceased account holder, hereby authorize the Branch Manager/ Manager of
the division, Rajasthan Marudhara Gramin Bank _____ branch to
return the pipeline flows (funds) to the remitter with the remark ' Account holder deceased' and
to intimate me/us accordingly to enable me/us to approach the remitter to effect payment
through a negotiable instrument or through ECS transfer or any other suitable mode in the
name of the appropriate beneficiary ".

(Signed by the survivor(s) / Nominee / claimant(s)

Place :

Date :

Signed in the presence of witnesses :

Name	Age	Occupation	Address	Signature
1. _____	_____	_____	_____	_____

2. _____	_____	_____	_____	_____
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Place:

Date:

RECEIPT

Received with thanks from Rajasthan Marudhara Gramin Bank _____
 branch, a sum of Rs. _____ (Rupees
 _____ only) by Banker's Cheque
 No. _____ dated _____ in favour of
 _____ in full and final
 settlement of my/our claim as successor on the balance in _____
 Account(s) No(s). _____ standing in the
 name of the deceased Shri/Smt/Kum. _____.
 I/We do not have any other claim from the Bank henceforth.

Place:



Date:

(Signature of all the legal heirs
Over a revenue stamp)

DECLARATION in case funds are settled in favour of a Minor

I,----- father and natural guardian of ----- hereby certify
 that the proceeds of your Banker's Cheque No.----- dated----- favouring
 ----- issued by you in settlement of the balance in account number
 -----of Late-----will be utilized for the benefit of the minor only.