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1. OBJECTIVE

This document describes the process that will be followed by the Bank for payment of the balance (to the clear credit of the deceased account holder/missing person) to the claimant/legal heirs/nominee/survivor) {shortly referred as 'Claimant(s)'} or releasing of contents in the locker or treatment of pipeline flows (i.e. flows after the death of account holder and before the account is normalized) upon receipt of information of death of an account holder or that the account holder is missing, in line with RBI Circular RBI/2025-26/82 DoR.MCS.REC.50/01.01.003/2025-26 dated 26th Sept 2025 as amended from time to time.

2. SETTLEMENT OF CLAIMS IN VARIOUS TYPES OF OPERATIONAL INSTRUCTION

For Savings and Deposit Accounts with Nomination

Scenario	Account in the Name of	MOP of Account	Nominee	Situation	What is to be done
1	A	Self	C	C deceased	A can change the nomination
2	A	Self	C	A deceased	C will receive the outstanding amount
3	A, B	Either or Survivor / Former or Survivor		A deceased	Balance outstanding will be payable to B or if B wishes to continue the account, A can be deleted and account can be continued*
4	A, B	Either or Survivor / Former or Survivor	C	B deceased	Balance outstanding will be payable to A or if A wishes to continue the account, then B can be deleted and account can be continued*
5	A, B	Either or Survivor / Former or Survivor	C	A & B deceased	C will receive the outstanding amount
6	A, B	Jointly	C	A deceased	Payable to B and legal heirs of A jointly, as per declaration in Annex I-C
7	A, B	Jointly	C	B deceased	Payable to A and legal heirs of B jointly, as per declaration in Annex I-C
8	A, B	Jointly	C	A & B deceased	Payable to C
9			C	A deceased	Payable to B and account has to be closed.
10			C	B deceased	A will receive the outstanding balance and account has to be closed or the minor account can be continued by adding a new surviving natural or court appointed guardian (Nominee and guardian in the account cannot be the same person in such cases).
11			C	A & B deceased	C will receive the outstanding balance and account has to be closed.

* Account can be continued only if survivor doesn't have account with same MOP with us, else account has to be closed.

For Savings and Deposit Accounts Without Nomination

Scenario	Account in the Name of	MOP of Account	Situation	What is to be done
1	A	Self	A deceased	Outstanding will be payable to the legal heirs or any one of them mandated by all of the legal heirs as per Annex I-C.
2	A, B	Either or Survivor	A deceased	Balance outstanding will be payable to B or if B wishes to continue the account, A can be deleted and account can be continued*
3	A, B	Either or Survivor	B deceased	Balance outstanding will be payable to A or if A wishes to continue the account, then B can be deleted and account can be continued*
4	A, B	Either or Survivor	A & B deceased	Jointly payable to legal heirs of both A & B or any one of them as mandated by all the legal heirs as per Annex I-D
5	A, B	Jointly	A deceased	Jointly payable to B and legal heirs of A or any of them as mandated by all the legal heirs as per Annex I-D.
6	A, B	Jointly	B deceased	Jointly payable to A and legal heirs of B or any of them as mandated by all the legal heirs as per Annex I-D
7	A, B	Jointly	A & B deceased	Jointly payable to legal heirs of both A & B or any of them as mandated by all the legal heirs as per Annex I-D
8	A minor u/g B	Either or Survivor	A & B deceased	Payable to B and account must be closed
9	A minor u/g B	Under Guardian	B deceased	Payable to surviving natural guardian or court appointed guardian or the minor account can be continued by adding a new surviving natural guardian (New Nominee and guardian in the account cannot be the same person in such cases).
10	A minor u/g B	Under Guardian	A & B deceased	Payable to surviving natural guardian or in absence of natural guardian, closure proceed to be payable to legal heir.

For Current Accounts of Individuals / Sole Proprietors

Account in the name of	Customer Type	MOP	Nomination	Situation	What all is possible?
A OR In the name of the firm where A is proprietor	Individual / Sole proprietor	Self	X	A deceased	Balance outstanding will be paid out to X; with interest (on actual outstanding balance) from the date of death of A till the claim settlement date at the rate of interest applicable to savings deposit as on the date of payment.
A OR In the name of the firm where A is proprietor	Individual / Sole proprietor	Self	NO nomination	A deceased	Outstanding will be payable to the legal heirs or any one of them mandated by all of the legal heirs; with interest (on actual outstanding balance) from the date of death of A till the claim settlement date at the rate of interest applicable to savings deposit as on the date of payment.

For Locker Accounts with Nomination

Scenario	Locker in the Name of	MOP of Account	Nominee	Situation	What is to be done?
1	A	Self	C	C deceased	A can change the nomination
2	A	Self	C	A deceased	C will be given access to the locker and liberty to remove contents
3	A, B	E or S	C	A deceased	B will be given access to the locker and liberty to remove contents
4	A, B	E or S	C	B deceased	A will be given access to the locker and liberty to remove contents
5	A, B	E or S	C	A & B deceased	C will be given access to the locker and liberty to remove contents

Scenario	Locker in the Name of	MOP of Account	Nominee	Situation	What is to be done?
6	A, B	Jointly	C	A deceased	B and C will be given access to the locker and liberty to remove contents
7	A, B	Jointly	C	B deceased	A and C will be given access to the locker and liberty to remove contents
8	A, B	Jointly	C	A & B deceased	C will be given access to the locker and liberty to remove contents
9	A, B	Jointly	C, D	A deceased	B along with C & D will be given access to the locker and liberty to remove contents
10	A, B	Jointly	C, D	B deceased	A along with C & D will be given access to the locker and liberty to remove contents
11	A, B	Jointly	C, D	A & B deceased	C & D jointly will be given access to the locker and liberty to remove contents

For Locker Accounts Without Nomination

Scenario	Locker in the Name of	MOP of Account	Situation	What is to be done?
1	A	Self	A deceased	Legal heir of A or any one of them mandated by any of them
2	A, B	Either or Survivor	A deceased	B will be given access to the locker and liberty to remove contents
3	A, B	Either or Survivor	B deceased	A will be given access to the locker and liberty to remove contents
4	A, B	Either or Survivor	A & B deceased	Legal heirs of A & B will be given access to the locker and liberty to remove contents
5	A, B	Jointly	A deceased	B and legal heirs of A jointly or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents
6	A, B	Jointly	B deceased	A and legal heirs of B jointly or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents
7	A, B	Jointly	A & B deceased	Legal heirs of A & B or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents

Annexure I-A

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

The Branch Manager
 _____ Bank
 _____ Branch

Date: _____

Madam / Dear Sir,

Claim as “Nominee / Survivor for Payment of Balances in the Deposit Accounts / Release of Contents of Safe Deposit Lockers / Return of Articles in Safe Custody kept by Shri / Smt. / Kum. _____ (Name of “Deceased / Missing Customer”)

I / We _____ (nominee(s) / survivor(s) appointed as Guardian(s) hereby declare that I / we are the nominee(s) / survivor(s) appointed as Guardian(s) of a Minor Nominee / Survivor in the Deposit Accounts / Safe Deposit Lockers / Articles in Safe Custody 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** (as on the date of death): _____ Years
- (d) **Marital Status** (as on the date of death): Married Unmarried Widow(er)
- (e) **Address:**

Landmark (If any) <input style="width: 150px;" type="text"/>	City <input style="width: 100px;" type="text"/>	District <input style="width: 150px;" type="text"/>
State <input style="width: 150px;" type="text"/>	Country <input style="width: 150px;" type="text"/>	PIN <input style="width: 50px;" type="text"/>

3. 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 / return of articles in safe custody kept by the 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.				
Total				

b. Safe Deposit Locker No. _____

Mode of Holding: _____

Details of Articles (if known): _____

c. Safe Custody Article Receipt No. _____

Details of Article (if known): _____

4. Details of Nominee(s)/ Survivor(s):

4.1 I/We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) in deposit accounts of the deceased to the accounts(s) given below.

Sr. No.	Detail of nominee(s)/survivor(s)		Mobile Number	Email Address	Bank Name, Account Type & Number, and IFSC details
	Name	Address			
1.					
2.					
3.					
4.					

4.2 I/We request the bank to *release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr. No.	Detail of nominee(s) / survivor(s)		Mobile Number	Email Address
	Name	Address		
1.				
2.				
3.				
4.				

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

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	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						
4						

5. I / We undertake that

(i) I / We shall hold ourselves responsible and answerable in a fiduciary capacity as a trustee of the rightful beneficiaries and any settlement made to me / us shall not affect their rights.

(ii) The aforesaid “nominee(s) / survivor(s)” are not minor since custody matters 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 undertake to indemnify and keep the bank safe and harmless against any loss, claim, demand, damages, costs, charges and expenses which the bank may sustain, incur or be put to in consequence of complying with my / our request or otherwise in connection with the accounts / locker / safe custody articles of the deceased / missing customer.

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

- 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 Nominee(s) / Survivor(s) / Guardian(s) relating to the claim.

7. The facts stated above are true and correct to the best of my / our knowledge and belief.

8. Name and signature of the “nominee(s) / survivor(s)” who will receive the balance payable / articles in safe deposit locker / safe custody:

Sr. No.	Name of nominee(s) / survivor(s) / Guardian of Minor Nominee	Signature / Thumb Impression ²
1		
2		
3		
4		

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

¹ “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.

² 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.

Signature of witness:

FOR BANK USE ONLY

Service Request No.	<input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/> Signatue of the Branch Official
Employee ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of the Branch official	<input type="text"/>	
Sourcing Branch Code	<input type="text"/>	
SR Closure Date:	<input type="text"/>	
Interest Amount: ₹	<input type="text"/>	
Total Amount Settled: ₹	<input type="text"/>	
Settlement Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5 Lakhs to <20 Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID:

Name of the Reviewer:

Signature of the Reviewer:

3. I / We, therefore, submit my / our claim for *payment of the balance with accrued interest in deposit accounts / release of contents of safe deposit lockers / return of articles in safe custody kept by the 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.				
Total				

b. Safe Deposit Locker No. _____

Mode of Holding: _____

Details of Articles (if known): _____

c. Safe Custody Article Receipt No. _____

Details of Article (if known): _____

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/ safe deposit lockers/ safe custody articles 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 undertake 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/ safe deposit locker/ articles in safe custody 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 Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor
1.				
2.				
3.				
4.				

5.2 I/ we request the bank to *release the contents of safe deposit lockers/ return the articles in safe custody to the following person:

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 Document³ 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)

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/ safe custody:

³ "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.

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

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

Signature of witness:

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 BANK USE ONLY

Service Request No.	<input type="text"/>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Signature of the Branch Official</p>
Employee ID	<input type="text"/>	
Name of the Branch official	<input type="text"/>	
Sourcing Branch Code	<input type="text"/>	
SR Closure Date:	<input type="text"/>	
Interest Amount: ₹	<input type="text"/>	
Total Amount Settled: ₹	<input type="text"/>	
Settlement Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5 Lakhs to <20 Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID:

Name of the Reviewer:

Signature of the Reviewer:

Annexure I-C

BOND OF INDEMNITY/ SURETY*

(To be duly stamped as per the Stamp Act applicable to the State)
 (For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

The Branch Manager
 _____ Bank
 _____ Branch

Date: _____

IN CONSIDERATION of your paying or agreeing to pay us,

(Mention here the name of the claimant(s))

1. _____
2. _____
3. _____
4. _____

the sum of Rupees _____ standing at the credit of following deposit accounts with your bank in the name of Shri/ Smt./ Kum. _____ since deceased, **without production of a Court Order or Probate of Will or Letter of Administration or a Succession Certificate** to his/ her estate:

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

We, _____, do hereby for

(Mention here the Name of the claimant(s)/ surety/ies)

ourselves and our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you, the bank, its officers/ Directors, and its successors and assignees 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 the said sum to the claimant(s) as aforesaid.

SIGNED AND DELIVERED by the above named

1. _____
2. _____
3. _____
4. _____

(Heir(s)/ claimant(s) of the deceased customer)

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

SIGNED AND DELIVERED by the above named

1. _____

2. _____

(Sureties)

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

* Surety is applicable only in case of claims above the threshold limit.

Opinion Report on Surety

Details to be furnished by the surety:

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	
7.	Total yearly income from all sources	
8.	No. of dependents	
9.	Personal Assets	
	a. Immovable Property, viz., land/ Building, etc. (please give details of acquisition, present value, etc.)	
	b. Investments (Term Deposits, Shares, etc., if any)	
	c. Life Insurance Policy	
	d. Other Assets	
	e. Details of Bank Accounts, if any (Name and address of Bank with Account No. (Savings bank/ Current) to be furnished).	
10.	Personal Liability, if any	
11.	Please indicate whether surety is related to claimant(s) Yes/No	
12.	Period for which claimant(s) are known	Yrs.

I confirm that all the statements made by me in this application are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature

(Surety)

Annexure I-D
LETTER OF DISCLAIMER/ NO OBJECTION
(To be duly stamped as per the Stamp Act applicable to the State)

The Branch Manager

Date: _____

_____ Bank

_____ Branch

Dear Sir,

Details of deposit account(s)/ safe custody articles/ safe deposit locker in the name of Shri/ Smt./ Kum. _____ since deceased are as follows:

a. Deposits Accounts

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

b. Safe Deposit Locker No. _____

Mode of Holding: _____

c. Safe Custody Article Receipt No. _____

Details of Articles (if known): _____

2. With reference to the above account(s)/ safe deposit locker/ safe custody articles, I/ We, the legal heirs of Shri/ Smt./ Kum. _____ (Name of deceased customer), have to advise that we have no interest in the above deposits/ assets and as such we have no objection to your paying the balance amount in the above account(s)/ releasing the contents in safe deposit locker/ returning the safe custody articles lying with you in the name of the aforesaid Shri/ Smt./ Kum. _____ (Name of the deceased customer) to Shri/ Smt./ Kum.:

1. _____

2. _____

3. _____

4. _____

Such payment of the *balance in the above account(s)/ release of the contents in safe deposit locker/ return of the safe custody articles would be completely binding on us and we will not question the bank's action in doing so. I/ We undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	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						
4						

Signed on this _____ day of _____ two thousand _____.

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

I, _____ S/D/O _____
residing at _____

do hereby make oath / solemnly affirm and say as follows:

That Shri / Smt. / Kum. _____ (Name of the deceased customer) hereinafter referred to as "the deceased" died intestate on _____ at _____.

2. That I know the deceased and his / her family since the last _____ years.
3. That at the time of his / her death, the deceased left surviving him / her 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 intestate succession:

Sr. No.	Name	Age (yrs.)	Relationship with the deceased
1.			
2.			
3.			
4.			

4. That I am not related in any manner whatsoever to the deceased or any of the above-mentioned persons nor have any claim or interest whatsoever in the estate of the deceased.
5. That I am informed, and I verily believe that the deceased has left certain deposits / safe deposit locker / articles in safe custody with the _____ Bank, _____ Branch, which the above-mentioned persons are entitled to claim.
6. That I am 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 _____ Bank, _____ Branch, has agreed at my request to make payment of the amount of deposit and / or deliver the articles in safe deposit locker / safe custody to the above-mentioned persons without requiring production of a grant of legal document to the estate of the deceased from a competent Court by them.

*Sworn/solemnly affirmed at this _____ day of _____ two thousand _____.

(Signature of Declarant)

in the presence of _____

before me

Notary Public/Judge/Magistrate**

**The declaration is required to be shown as an affidavit before a Notary Public / Judge / Magistrate only if the claim amount is above the threshold limit.

The following inventory of contents of Safe Deposit Locker No. _____
 located at _____ Branch of _____ Bank,
 *hired in her / his sole name by Shri /Smt./Kum. _____(deceased),
 *hired jointly by Shri/Smt./Kum. (i) _____(deceased),
 (ii) _____(deceased),
 (iii) _____(deceased),
 was taken on this _____ day of _____ two thousand _____.

Sr. No.	Description of Articles in Safe Deposit Locker	Other identifying particulars, if any
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2. For the purpose of inventory, access to the locker was given to the nominee/ survivor/ legal heirs/beneficiary named in the will or their duly authorised representative/s:

- *By breaking open the locker under her/ his/ their instructions.
- *Who produced the key to the locker

3. The above inventory was taken in the presence of:

(i) Nominee/ Legal heir/ Beneficiary named in the Will of deceased hirer(s) or their duly authorised representative

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Shri/ Smt./ Kum. _____

(Signature)

Address _____

And

(ii) Survivors in case of Joint hires (if applicable)

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Shri/ Smt./ Kum. _____

(Signature)

Address _____

(iii) Witness(es)

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Shri/ Smt./ Kum. _____

(Signature)

Address _____

(iv) On behalf of Bank

Custodian:

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Bank employee other than Custodian:

Shri/ Smt./ Kum. _____

(Signature)

Address _____

ACKNOWLEDGEMENT

 *I/We, Shri/ Smt./ Kum. _____

(Name of the nominee(s)/ legal heir(s)/ beneficiary named in the Will or their duly authorised representative and

 Shri/ Smt/ Kum. _____

(surviving hirers, if applicable)

hereby acknowledge the receipt of the contents of the safe deposit locker comprised in as set out in the above inventory. Further, all the contents in the locker have been removed and the locker is empty, and I/we have no objection to allotment of the locker to any other locker hirer as per norms of the bank.

Shri/ Smt./ Kum. _____

Shri/ Smt./ Kum. _____

Shri/ Smt./ Kum. _____

Signature _____

Date and Place _____

The following inventory of articles left in safe custody with _____ Branch of _____ Bank, by Shri/ Smt/ Kum. _____ (deceased), under an agreement/ receipt number _____ was taken on this _____ day of _____ two thousand _____.

Sr. No.	Description of Articles in Safe Custody	Other identifying particulars, if any
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2. The above inventory was taken in the presence of:

(i) Nominee or Legal Heir or Person mandated by Nominee (including Minor Nominee)/ Legal Heir

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Shri/ Smt./ Kum. _____

(Signature)

Address _____

(i) Witness(es)

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Shri/ Smt./ Kum. _____

(Signature)

Address _____

(iii) On behalf of Bank

Custodian:

Shri/ Smt./ Kum. _____

(Signature)

Address _____

Bank employee other than Custodian:

Shri/ Smt./ Kum. _____

(Signature)

Address _____

ACKNOWLEDGEMENT

*I, Shri/ Smt./ Kum. _____ nominee/ legal heir/ mandate holder

*We, Shri/ Smt./ Kum. _____

_____ legal heirs, and

Shri/ Smt/ Kum. _____

_____ surviving heirs

hereby, acknowledge the receipt of the articles kept in the safe custody comprised in set out in the above inventory.

Shri/ Smt/ Kum. _____

Shri/ Smt/ Kum. _____

Signature _____

Shri/ Smt/ Kum. _____

Signature _____

Shri/ Smt/ Kum. _____

Signature _____

Shri/ Smt/ Kum. _____

Annexure I-H

BOND OF INDEMNITY WITH RESPECT TO DELIVERY OF CONTENTS OF SAFE DEPOSIT LOCKER / ARTICLES KEPT IN SAFE CUSTODY BY THE DECEASED CUSTOMER

(to be submitted in case of claim settled without production of Legal Documents)
(To be stamped as per the Stamp Act applicable to the State)

The Branch Manager

_____ Bank
_____ Branch

In consideration of your delivering or agreeing to deliver to me / us,

(Claimant(s))

the articles mentioned hereunder:

Safe Deposit Locker No / Safe Custody Article Receipt No.	Details of the articles	Description	Weight	Valuation (to be filled in by the bank)

and held in the name of Shri / Smt / Kum. _____ since deceased,
without production of any probate of Will / succession certificate / letters of administration / court order

I / We _____ and _____

(Claimant(s))

do hereby for ourselves and our heirs, legal representatives, executors, administrators, jointly and severally undertake and agree to indemnify you, the bank, its officers, Directors, and its successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses that may be raised against you or incurred by you by reason or consequence of having delivered or agreed to have delivered to me / us the above mentioned articles of the deceased from the safe deposit locker / sealed box / safe custody.

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

SIGNED AND DELIVERED by the above named

(1) _____

(2) _____

(Claimant(s))