

CLAIM FORMAT

FOR

DECEASED ACCOUNT



छत्तीसगढ़ राज्य ग्रामीण बैंक

Branch _____

CIF No.

Claim for Payment of Balances in the account(s) of

Late Shri / Smt. / Kum.

Expired on

Type of Account - Saving Bank / Current Account / RD Account / TDR / STDR

A/c No.

Amount of Claim

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

Permanent Address of the deceased

.....

Phone No. / Mobile No.

To,
Branch Manager,
 Chhattisgarh Rajya Gramin Bank.

..... Branch.

Dear Sir,

Ref. - Claim for payment / delivery of the balances / assets to the estate of late Shri / Smt. / Kum

Late Shri / Smt. / Kum. was maintaining a

No. with your branch. He expired on / is not traceable since

I / We lodge my / our claim to the assets of the above named deceased in terms of -

- a) Will of the late Shri / Smt. / Kum. and a probate granted by the court of at dated
- b) Succession Certificate dated granted by the court of at
- c) Letter of Administration No. dated issued by at
- d) The Bank's discretion on the basis of which the particulars enclosed in documents -
 - 1) Name of the deceased _____
 - 2) Address of the deceased _____
 - 3) Document enclosed :-
 - i) Death Certificate :
 - ii) Affidavit :
 - iii) Letter of indemnity :
 - iv) Letter of Disclaimer :
 - 4) Balances outstanding in the Account
 - 1) Principal
 - 2) Interest
 - 5) Particulars of assets kept with the branch.
 (In case of Locker / Gold loan / Silver Loan / Safe Custody / Safe Deposit articles)

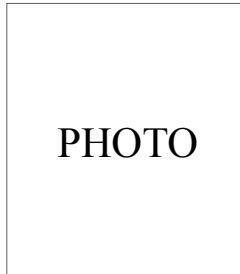
Yours faithfully,

(Specimen of the claimant (s))

..... Branch Registration Serial No.
 Date Received an application from Shri / Smt. / Kum
 claimant to the Estate of the deceased Shri / Smt. / Kum
 maintaining account No. for payment / delivery of
 the balance / article standing to the credit of the deceased.

Branch Manager

To,
The Branch Manager,
Chhattisgarh Rajya Gramin Bank.
..... Branch.



Date :
Address for correspondance
Shri / Smt. / Kum.
.....
Address :
.....
.....
Phone No. / Mob. No.

Dear Sir,

Claim for Payment of Balances in the account(s) and delivery of articles in safe deposit locker of
Late Shri / Smt. / Kum. expired on _____)

1. I / We advice that Shri / Smt. / Kum. expired on /*is not traceable since
2. Late Shri / Smt. / Kum. was maintaing a saving Bank / Current Account / RD Account / TDR / STDR account / safe deposit locker / safe custody article 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		
4						4		
5						5		
	Total Amt.	(1 to 5)				Total Amt. (1 to 5)		

b. Safe deposit Locker No. Mode of Holding

c. Safe Costody Article Receipt No. Detail of Article

*(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 balance with accrued interest / article in safe deposit locker / safe custody 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 (Copies enclosed).

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

(d) *The deceased died intestate. I / We lodge our claim without a legal representation for payment as per the Bank's rules & discretion.

(*Strike out if not applicable.)

4. I / We furnish below the required information about the deceased & 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.)

.....

* Ageyrs. Marital status Married / Unmarried / Widow(er)

(c) Permanent Address of the deceased H.No. / Plot No. Street Name Locality/Village..... City/District..... State..... PIN

.....

(d) Religion

(e) Which Law of Succession is applicable ?

(Viz., Hindu, Mohammedan etc.)

(f) Name 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) & age(s) of the living children of the deceased :-

(i) Age Years

(ii) Age Years

(iii) Age Years

(iv) Age Years

(v) Age Years

(2)

- (j) Name(s) & age(s) of the living Grand children of the deceased :-
(Children of only predeceased son or daughter)
 - (i) Age Years
 - (ii) Age Years
 - (iii) Age Years
- (k) Name(s) & age(s) of living brothers of the deceased :-
 - (i) Age Years
 - (ii) Age Years
 - (iii) Age Years
- (l) Name(s) & age(s) of living sisters of the deceased :-
 - (i) Age Years
 - (ii) Age Years
 - (iii) Age Years
- (m) Name(s) of the Minor(s) & 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) & Relationship with the Minor Claimant(s) above.
 - (i)
 - (ii)

5. Shri / Smt. / Kum. i.e. the person furnishing the declaration below/the affidavit (RRB85 c) know our family for last years & is unconnected with our family.

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

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)
- (vii)
- (viii)

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 & belief the facts stated above are true & correct.*

Name in full & Address of the person

Signing the declaration

.....

.....

Place & Date

Signature with 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 enclosed RRB 85-C)

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.

6. *Name & ages of the claimants who propose to execute the Letter of Disclaimer :-

	Name	Age (Years)
(i)
(ii)
(iii)
(iv)
(v)
(vi)
(vii)
(viii)

*A Letter of Disclaimer as per RRB 85 B A duly stamped & executed is enclosed.
*(Strike out if not applicable.)

7. We propose the following surety(ies) :

(No surety required for amount up-to Rs. 10,000/-)

(i)	Name & Address Shri / Smt. / Kum.	Net Worth
	Address.....	Net Worth
(ii)	Name & Address Shri / Smt. / Kum.	Net Worth
	Address.....	Net Worth

(The detailed information on the sureties, to arrive at their worth, is to be furnished in a separate form Annexure-I. 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 as per format enclosed (RRB 85-D). The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State.)

8. (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 receive the amount

	Name of Claimant	Signature
(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 (RRB 85 - B) 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.)

(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 & 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.)

FOR OFFICE USE

Report of the Recommending Authority :-

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. The sureties are waived (Amounts up - to Rs. 10,000/-)* / 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 :

Signature with date Name & Designation

Date :

(Recommending Authority)

Sanctioned & Control Return sent on

Place :

Signature with date Name & Designation

Date :

(Sanctioning Authority)

Disbursement & Record

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

..... and receipt obtained As per sanction

No. dated Documents kept in Branch Documents vide item

No. page No.

Handed over contents/Articles of safe deposit locker/safe custody account/receipt to claimant and acknowledgement kept on record as part of the claim settlement.

Name
Designation

Place :

Date :

Signature with date Name & Designation

(Disbursing Authority)

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

NOTE

(1) A Letter of indemnity on form RRB 85 - D is to be stamped as an agreement. A Letter of Indemnity need not ordinarily be attested provided the executant 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 guidelines advised by Law Department 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 instruments. Section 19 A added locally in various States provided 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 executant 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 biggest duty chargeable on the instrument at the time of execution by the first signatory of the instrument / document.”

LETTER OF DISCLAIMER

The Branch Manager
Chhattisgarh Rajya Gramin Bank.
Branch _____

Dear Sir,

_____ *Account No. _____

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 advice 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 accounts(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. _____

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.

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

Signed before me

(Notary public / Magistrate)

This day of SEAL

* Fill in here type of account Viz. S.B. / R.D. Term deposit, Current etc.

* Covers only deposit accounts.

AFFIDAVIT

I/We (1) _____ Son of
_____ and (2) _____
son of _____ residing at (1) _____
and (2) _____ do hereby make oath* / solemnly affirm and say
as follows :-

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 / her family since the last _____ years.
3. That at the time of his 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 :-

	Name	Age	Relationship with the deceased
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

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 Chhattisgarh Rajya 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 Chhattisgarh Rajya Gramin Bank _____ Branch, has agreed at our request to make payment of the amount of the deposits / to deliver the assets to the above mentioned persons without insisting on productions by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn* / Solemnly affirmed _____ 1. _____
At this* _____
Day of _____ in the _____ 2. _____
Presence of _____ Before me

SEAL

*(Delete whichever is inapplicable)

Judge / Magistrate / Notary

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
Chhattisgarh Rajya Gramin Bank.

IN CONSIDERATION of your paying or agreeing to pay us.

Insert here the name(s) of the claimants (1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

The sume of Rupees _____
standing at the credit of Savings Bank / Current / R.D. 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 Comptroller 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 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 clamis, 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 dceased)

SIGNED AND DELIVERED by

The above named

1. _____ 2. _____

(Sureties)

1.	Name in full	
2.	Address, (Mobile / Phone No.)	
3.	Academic Qualification	
4.	Age	
5.	Occupation (if employed, please state the name of 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 bankers 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 -
Branch Manager :

Date :

Branch Manager

छत्तीसगढ़ राज्य ग्रामीण बैंक
मृतक व्यक्ति के जमा राशि/आभूषणों की अदायगी
 (शाखा प्रबंधक द्वारा विवेकीय अधिकार अंतर्गत स्वीकृत किए गए प्रकरण की जानकारी)

- 1) मृतक व्यक्ति का नाम स्वर्गीय आयु
- | | | | |
|--|-----|-------|-----|
| | नाम | संबंध | आयु |
|--|-----|-------|-----|
- 2) मृतक व्यक्ति के उत्तराधिकारियों का नाम
1.
 2.
 3.
 4.
 5.
- 3) मृतक व्यक्ति के नाम से जमा खाते/आभूषणों का विवरण (जो अनावश्यक हो काट दें)
- अ) खाता क्रमांक ब) जमा राशि
- स) मांग ऋण खाता क्रमांक द) आभूषणों का वजन एवं वर्तमान मूल्य
- 4) मृतक के उत्तराधिकारियों से प्राप्त दस्तावेजों का विवरण
- | | | |
|-----------------------|--------------------------|---------------|
| 1. आवेदन पत्र | 2. मृत्यु प्रमाण पत्र | 3. शपथ पत्र |
| 4. दावा परित्याग पत्र | 5. क्षति पूर्ति बंध पत्र | 6. पावती रसीद |
| 7. पास बुक / जमा रसीद | 8. नामांकन फार्म | 9. फोटो |
- (खाता ओपनिंग शीट संलग्न की गई है।)

- 5) भुगतान दिनांक भुगतान प्राप्तकर्ता का नाम - (अ)
(ब)

- 6) आवश्यक छानबीन के पश्चात् मैं इसमें संतुष्ट हूँ कि क्रमांक-2 में दर्शाये गये व्यक्तियों के अतिरिक्त मृतक के अन्य कोई वैध उत्तराधिकारी नहीं है तथा मृतक ने अन्य कोई ऐसी परिसम्पत्ति, जमा राशि नहीं छोड़ी है जिसके भुगतान हेतु सम्मदा शुल्क, उत्तराधिकार प्रमाण पत्र अथवा प्रशासन पत्र लिया जाना है। इसके अतिरिक्त मृतक ने कोई अंतिम इच्छा पत्र / वसीयत पत्र भी नहीं छोड़ी है, जिसके लिए प्रोबेट कराया जाना आवश्यक है।

प्रमाणित किया जाता है कि उपरोक्त प्रकरण में मेरे द्वारा आवश्यक छानबीन के पश्चात् आभूषणों की वापसी / राशि का भुगतान किया गया है कि उपरोक्त प्रकरण में उत्तराधिकारी से संबंधित कोई विवाद मेरी जानकारी में नहीं है। मृतक या उसके उत्तराधिकारियों का शाखा में कोई ऋण शेष नहीं है।

उपरोक्त दस्तावेजों को ब्रांच डॉक्यूमेंट्स रजिस्टर में रिकार्ड किया गया है।

क्षेत्रीय कार्यालय को सूचनार्थ।

शाखा प्रबंधक

दिनांक

शाखा

नोट : उपरोक्त फार्म भरने से पूर्व यह मान्य है कि समस्त सेवायुक्त उत्तराधिकारियों के संबंध में जो भी जाति / धर्म के आधार पर वर्तमान में उत्तराधिकार कानून है उनसे अवगत है।

छत्तीसगढ़ राज्य ग्रामीण बैंक
मृतक व्यक्ति के जमा राशि/आभूषणों की अदायगी
(बिना उत्तराधिकार प्रमाण-पत्र प्राप्त किये)
क्षेत्रीय कार्यालय स्वीकृति हेतु

- 1) मृतक व्यक्ति का नाम स्वर्गीय
- 2) मृतक व्यक्ति के उत्तराधिकारियों का नाम 1.
 2.
 3.
 4.
 5.
- 3) मृतक व्यक्ति के नाम से जमा खाते/आभूषणों का विवरण (जो अनावश्यक हो काट दें)
 अ) खाता क्रमांक ब) जमा राशि
 स) मांग ऋण खाता क्रमांक द) आभूषणों का वजन एवं वर्तमान मूल्य
- 4) मृतक के उत्तराधिकारियों से प्राप्त दस्तावेजों का विवरण
 1. 2.
 3. 4.
 5. 6.
- 5) उपरोक्त प्रकरण में मेरे द्वारा मृतक के उत्तराधिकारियों के संबंध में आवश्यक छानबीन कर ली गई है तथा मैं पुष्टि करता हूँ कि -
1. मृतक या उसके उत्तराधिकारियों के नाम से शाखा में किसी प्रकार का ऋण शेष नहीं है ।
 2. मेरे द्वारा जांच करने के उपरांत यह पाया गया है कि क्रमांक 2 में दर्शाये गये व्यक्ति मृतक के सही उत्तराधिकारी है तथा उनके मध्य इस राशि/आभूषणों के संबंध में कोई विवाद नहीं है ।
 3. शपथ पत्र निष्पादनकर्ता मृतक के एवं उसके परिवार जनों के रिश्तेदार नहीं है ।
 4. इंडेम्निट पत्र पर हस्ताक्षर करने वाले जमानतदारों की हैसियत इंडेम्निट पत्र से अधिक है तथा वे मृतक के रिश्तेदार नहीं है ।
 5. क्रमांक 4 में उल्लेखित दस्तावेजों की जांच मेरे द्वारा कर ली गई है ।
 6. आवश्यक छानबीन के पश्चात् मैं इसमें संतुष्ट हूँ कि क्रमांक 2 में दर्शाये गये व्यक्तियों के अतिरिक्त मृतक के अन्य कोई वैध उत्तराधिकारी नहीं है तथा मृतक ने अन्य कोई ऐसी परिसम्पत्ति जमा राशि नहीं छोड़ी है जिसके भुगतान हेतु सम्पदा शुल्क, उत्तराधिकार प्रमाण पत्र अथवा प्रशासन पत्र लिया जाना है । इसके अतिरिक्त मृतक ने कोई अंतिम वसीयत भी नहीं छोड़ा है, जिसके लिए प्रोबेट कराया जाना आवश्यक है ।

मैं मृतक स्वर्गीय की जमा राशि/आभूषण (खाता क्रमांक राशि रुपये) का भुगतान उनके उत्तराधिकारियों द्वारा प्राधिकृत व्यक्ति श्री को किये जाने की अनुशंसा करता हूँ ।

दिनांक

शाखा प्रबंधक
शाखा

(क्षेत्रीय कार्यालय के उपयोग हेतु)

क्रमांक

दिनांक

- 1) मृतक व्यक्ति का नाम
- 2) मृतक व्यक्ति के उत्तराधिकारियों का नाम
 1.
 2.
 3.
 4.
 5.
- 3) भुगतान की जाने वाली राशि रूपये (रूपये मात्र)
- 4) भुगतान हेतु स्वीकृति प्रदान की जाती है, कि अनुशंसा की जाती है ।

प्रबंधक सामान्य बैंकिंग

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स्वीकृति प्रदान की गई ब्रांच डॉक्यूमेंट्स रजिस्टर में प्रविष्टि करें ।

क्षेत्रीय प्रबंधक

दिनांक

नोट : उपरोक्त फार्म भरने से पूर्व यह मान्य है कि समस्त सेवायुक्त उत्तराधिकारियों के संबंध में जो भी जाति/धर्म के आधार पर वर्तमान में उत्तराधिकार कानून है उनसे अवगत है ।