

Application form for settlement of claim in deceased depositor's account

From,

To Branch Manager,

Fino Payments Bank Limited,

_____ Branch

Dear Sir,

Ref: Deceased Account

Late Shri / Smt. _____

Account no(s). _____

I/ We advise about the sad demise of Shri / Smt. _____ on _____(date).He/she holds the aforesaid account at your branch. The account is in name(s) _____ 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 nominee 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 nominee/joint holder are as under:

In case of nomination

1. I/We, am/are registered nominee in the above account(s). Following are the details:

Sr.no.	Full name	Date of Birth	Complete Address	Relationship with deceased

*In case of Hindu Joint Family, the name of Karta and coparceners with their respective details.

2. In case, nomination of deceased is a minor

The person authorized to receive payment on behalf of Mr./Ms. _____ who is nominee in the above account and is a minor as on date of this claim and details of guardian were specified in account opening.

Whether natural guardian: _____

Whether guardian appointed: _____
(by court of law in India.)

Address of Guardian: _____

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.

I/we submit photocopy of the following documents together with original for verification. Please return the original after due verification.

- Death certificate issued
- Identity proof (required in case of nomination)

I/We request you to pay the balance amount lying to the credit of the above mentioned deceased to my account on my/our behalf.

1. Fino Payments Bank Ltd account no. _____ or
2. _____ Bank , Account no. _____,
IFSC code: _____, _____ Branch.

I/We hereby solemnly affirm that there is no order from competent court restraining payment to claimant and above statements are true and correct to the best of my knowledge and belief.

I / we hereby unconditionally undertake to keep the bank indemnified against any loss whatsoever which may accrue on account of or in connection with any claim, statutory order in respect of above mentioned account.

Yours faithfully,

Claimant's Signature

Claimant's Name

Place:

Date:

Customer Acknowledgement Slip (to be filled in by Branch Staff)

Date: __/__/__

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Received from _____ Account number _____, a request for deceased claim settlement.

Fino Payments Bank Limited _____ Branch

Signature of Branch official
_____ with Bank Seal

The Affidavit to be executed on Non-judicial Stamp paper of appropriate value

AFFIDAVIT

(to be given by legal heir (s) when nomination has not been made)

Fino Payments Bank Limited
Shree Sawan Knowledge Park, 2nd Floor,
D-507, TTC Industrial Area, MIDC Turbhe,
Navi Mumbai-400 705

I _____ son/daughter/spouse/relative of _____
residing at _____ do hereby solemnly affirm on oath and state as under:

1. That Mr./Mrs. _____-the deceased, was holding a Savings/Current account no. _____ (“**account**”) with Fino Payments Bank Limited. The said deceased was holding the following bank accounts:

Sr. No.	Name and Number of the Account	Amount (Rs.)

2. That the deceased had died intestate on _____ at _____.
3. That the following are the only legal heir(s) of late Mr./Mrs. _____.

Sr. No.	Name	Address	Age	Relationship with the deceased
1.				
2.				

4. That out of aforesaid legal heirs Master/ Kum. _____ aged _____ years is a minor and he/she is being represented by his/her father/mother and natural guardian Mr. /Ms. _____.
5. That through this Affidavit, I shall be the legal Claimant of the deceased Mr./Mrs. _____ of the said Account held with the Bank.
6. That Mr. /Mrs. _____, the legal heir(s) shall be accountable for any benefits/claims/loss arising out of the said account.

DEPONENT

VERIFICATION

(to be given by legal heir(s) when nomination has not been made)

I hereby solemnly affirm and say that what is stated herein above are true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above mentioned account(s) and all other related transactions/claims/loss arising out of the said account.

Solemnly affirmed at _____ on the _____ day of _____ of _____.

Signed in the presence of

Full Name and address
of Magistrate/Notary : _____

(Signature of Magistrate/Notary)

Registration No. _____

Use space below to affix:

Notarial/Court Fee Stamp	Official Seal of Magistrate/Notary

Notes:

1. This Affidavit is to be executed in the presence of a first class or stipendiary Magistrate/Public notary/judicial.
2. This affidavit should be signed by each deponent separately.