

CLAIM APPLICATION-CUM-DECLARATION
(In case Account has no Nomination)

To

The Punjab State Co-operative Bank Ltd.,

B.O. _____

Reg : (Full Name of the deceased) _____

Dear Sirs,

I/We regret to inform you that Mr./Mrs/Miss _____ who was having an account with your Bank, died intestate at _____ on _____

(Place of Death)

(Date of death)

leaving behind him the within-mentioned persons as the only surviving the _____

I/We beg to give below the information required by you and shall thank you to pay the amount standing in the name of the deceased to _____ on our/my behalf, without insisting on production of legal representation.

(1) Name of the depositor/Shareholder, his permanent residence and last residence.

(2) Date, place and proof of deal & by way of death certificate.

(3) Name of the claimant (s) his/her/their father's name, residence and occupation, age, caste/religion.

(4) Proof of Claimant (s) title

(5) Amount and nature of deposit, number of shares of subject matter of claim with particulars thereof whether the amount claimed was self-required or ancestral property of the deceased.

(6) Due date of deposit (if the amount or share claimed be in fixed deposit)

(7) Particulars of liabilities of the deceased to the Bank, if any.

(8) (a) Did the deceased leave any will? If so, a copy thereof duly certified by Magistrate, Oath Commissioner or Notary Public be enclosed.

(b) Is the will registered ?

(c) Has probate been obtained from a competent court ? If so, its true copy should be enclosed.

(d) Names of the executors, if any or beneficiaries under the will.

(9) (a) Was the deceased at the time of his death member of a joint Hindu Family?

(b) If so was the Joint Family governed by the Mitakshra or Dayabhaga Law ?

10. Who are the other members of Joint Family ? Give their names, ages, occupation, etc. and their relationship with the deceased.

11. Who is the present Karta of the Family ?

12. The claimant's relationship to the deceased and the nature of his/her claim (by inheritance, request or gift). Is the claimant solely entitled, with others ? If the latter, state their names, ages, occupation, their relationship to the claimant etc.

(13) (a) Documents in proof of amount or shares claimed.

(b) Whether the documents are in possession of the claimant ?

(c) If not, why not ?

(14) (a) Names of the legal heirs and their relationship with deceased (male)

(i) Son (s)

ii) Daughter (s)

iii) Widow

(iv) Mother

v) Son of predeceased son

vi) Daughter of predeceased son

vii) Son of predeceased daughter

viii) Daughter of predeceased daughter

ix) Widow of predeceased son

x) Son of predeceased son of a predeceased son

xi) Daughter of predeceased son of a predeceased son

xii) Widow of predeceased son of a predeceased son

(b) Name of the legal heirs and their relationship with the deceased (Female)

i) Son (s)

ii) Daughter (s)

iii) Children of any predeceased daughter

iv) Children of any predeceased son

v) Husband

vi) Is the mother of the deceased alive?

(15) Is any of the legal heirs, executors or beneficiaries minor ? If so, what is the age of the minor (s) and under whose guardianship he/she is? Has any court certified copy or duly if so, its true copy of the court order.

(16) Has any succession certificate or letters of administration been obtained by the claimant (s) from a competent court ? attested copy should be closed.

(17) Did the depositor make any other disposition of the property ? If so, give details.

(18) Are there any other claimants ? If so, there names particulars and nature of their claims.
The following two persons have agreed to sign the indemnity Bond as sureties jointly with all the surviving legal heirs of the deceased :

(a) Full names of the persons concerned with their address (Office and Residence) :

(1) _____

(2) _____

(b) If the above proposed sureties maintain any account with the _____
Cooperative Bank Ltd., Please give full details of the same here under :

I/We hereby solemnly affirm that the above statements is true, that no part of its is false and that nothing has been concealed therein and that I am/we are the only heir (s) and legal representative (s) of the deceased and there is no other claimant to his property.

Yours faithfully,

Signature of claimant (s)

Declared before me by _____ whom I personally know who has
been identified by _____ whom I personally know.

Seal of the
court of the
Magistrate
or
Notary public

Signature of the
person/identifying
the declarant before
the Magistrate

Signature of the
Magistrate or oath
Commissioner or
Notary public before
whom the declaration is made.

N.B. This form should be filled in legibly and complete in every respect.

MANAGER'S REPORT
(As over leaf)

MANAGER REPORT

(In case the account has no nomination)

I have verified the legal heirs to the property of the deceased Sh.....
S/o. Sh.....Account No.....with this branch Rs.....
as on.....are pitstanding in this account Sh.
had died on.....leaving behind the following as legal heirs to this property
and is/are entitled to take payment of above said account in shares as mentioned below :-

	Name	Age	Relation	Share
1				
2				
3				
4				

There is no other legal heir, living or dead except mentioned above (If legal heirs mentioned are minors, the name of guardian may be mentioned. If the will has been executed or the succession certificate has been obtained, the details may be given).

I have satisfied myself for the correctness of this payment. Therefore, the payment may be made to the legal heirs as per the table given above.

Sd/-

Branch Manager

B.O.....

Affidavit of Sh./Smt./Miss _____ son/wife/
 daughter of Sh. _____ aged about _____ years,
 resident of _____ I/We the above named deponent (s) do hereby solemnly af-
 firm and declare as under :

1. That the following persons are the only legal heirs of the said deceased depositors :-

	<u>NAME</u>	<u>RELATIONSHIP</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

2. That we are the sole claimant (s) of the joint funds lying in the account (s) mentioned herein above and the deceased Shri/Smt. _____ had left no will or made any other declaration in respect thereof.
3. That the total value of the assets both movable and immovable, owned and/or possessed by the deceased at the time of his/her death is less than Rs. _____ and I/We affirm and swear that the estate of deceased does not attract any Estate Duty under the Estate Duty Act.

DEPONENT (S)

Certified at _____ This _____ day
 of _____ that the contents of above said affidavit are true to my knowledge and no part of its is false nothing material has been concealed therefrom.

DEPONENT (S)

INDEMNITY BOND

The Manager
The Punjab State Cooperative Bank Ltd.,

WHEREAS Shri _____ s/o Shri _____ who
breathed his last on _____ was maintaining S.B./Fixed Deposit/
Current Account/P.D./P.G. Account with *THE PUNJAB STATE COOPERATIVE BANK LTD.*, Branch
_____ (herein after called the Bank) in which account there was a credit
balance of Rs. _____ at the time of his death.

AND WHEREAS we the undernoted person :-

(Name with Age and Full Address)

1. _____
2. _____
3. _____

are the only legal heirs of the deceased and are entitled to the above said money.

In consideration of the Bank having agreed to pay above mentioned amount, we the legal heirs
of the deceased and our sureties _____ (name of surety with
percentage and full address) agree and undertake to keep the bank harmless and indemnified against
any loss, damage or claim made by any person whosever against the bank in respect of the above
amount paid by the bank at our request.

We bind ourselves jointly and severally to pay the bank the whole or any part of the
aforesaid amount as the case may be together with interest thereon at the leading rate then prevail-
ing together with any loss, damage, expanses or cost that the bank may suffer in case any claim is
made in respect of aforesaid amount. We further undertake that if any claim or recovery is made
from the bank or the bank is called upon to pay any amount to any department authority or office of
the Government we shall be liable to make good the same and pay any such amount merely on
damand from the bank without any delay. The expression 'We' herein shall mean Executors,
Administrators successors and assigns. We have assured the Bank that estate of the deceased dose
not attract the payment of any estate duty or other Govt. Duty and we hereby bind overselves Jointly
and severally to keep the bank harmless and indemnified against all claims or demand regarding
estate duty or any other duty.

IN WITNESS WHEREOF the excutors have set and subscribed their respective hand and signed
this indemnity bond this day of _____ 199 _____

IN THE PRESENCE OF :

Signature of witnesses

with full addresses ;

1. _____
2. _____

EXECUTANTS

Signature of legal heirs

1. _____

Signature of sureties

1. _____
2. _____

SURETY BOND

I _____ (herein after called as Surety) do hereby held and firmly bind myself upto *THE PUNJAB STATE COOPERATIVE BANK LTD.*, in the sum of Rs. _____ (Rupees _____ only) of lawful good money for which payment to be truly and faithfully made. I bind myself as well as my heirs, Excutors, Administrators and representatives.

Whereas on Shri _____, since deceased had at the time of his death which occured on _____ a Account with the Punjab State Cooperative Bank and the Balance in these accounts alongwith to-date interest stand at Rs. _____ (Rupees _____ only) on _____ and WHEREAS THE SAID Bank has agreed to make the payment of the above noted amount to Shri. _____ on his furnishing two good sureties for the same. Now as per above condition in the event of any claim being at any time herein after made to proceeds of the balance in the above _____ account by any other person or persons, I _____ shall forthwith pay or cause to be paid to *THE PUNJAB STATE COOPERATIVE BANK LTD.*, the said sum of Rs. _____ (Rupees _____ only) with interest @ _____ % per annum, and also pay all losses, damages, costs, charges and expenses which the said Bank may incur/suffer and or otherwise indemnity and keep the Bank indemnified, its officers and agents in all other respects on account thereof.

Date _____

Signature

Witness :