

REVISED CLAIM FORMAT

To,
The Branch Manager,
State Bank of India,
_____ Branch.

Address for correspondence
Shri/Smt/Kum _____

Address _____

Date:

Dear Sir,

**CLAIM FOR PAYMENT OF BALANCE 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 / RD 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)		
4)						4)		
5)						5)		
	Total Amt.					Total Amt.		

\$ (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 secured 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 _____ dated _____ (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 & 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 of Death	/ / 20	Place of Death	
b	Details of Death Certificate (copy to be enclosed. Original to be produced for verification)			
	Date: / / 20	No:	Issuing Authority:	Remarks:
c	Permanent Address of the deceased			
d	Religion			
e	Succession Law Applicable		Hindu / Mohammedan / Others (Please Mention)	
f	Name of the parents of the deceased	Father:		Mother:
g	Age of parents, if alive	Father:		Mother:
h	Name of widow / widower of deceased	Smt./ Sri.		Age (if living):
i	Name(s) & Age(s) of the living children of the deceased			
	I) Name		Age:	
	II) Name		Age:	
	III) Name		Age:	
	IV) Name		Age:	
j	Name(s) & Age(s) of the living Grand children of the deceased (Children of only predeceased son or daughter)			
	I) Name		Age:	
	II) Name		Age:	
	III) Name		Age:	
k	Name(s) & Age(s) of the living brothers of the deceased			
	I) Name		Age:	
	II) Name		Age:	
	III) Name		Age:	
l	Name(s) & Age(s) of the living sisters of the deceased			
	I) Name		Age:	
	II) Name		Age:	
	III) Name		Age:	
m	Name(s) of the Minor(s) & Natural Guardian(s) / Legal Guardian(s) of minors amongst the claimants.			
	Name of Minor	Date of Birth	Name of Guardian	Relationship with minor
	1.			
	2.			
	3.			

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

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

Sl. No.	Name & Address	Sl. No.	Name & Address
1		5	
2		6	
3		7	
4		8	

Refer to (n) above.

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 & 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 balances exceeds Rs. One lakh, the person furnishing the declaration will have to execute an affidavit as per COS 539 (Annexure "B") before a "Judge / Magistrate / Notary" instead of the declarations. 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)		NAME	AGE (Years)
1			3		
2			4		

(p) * A Letter of Disclaimer as per Annexure – A duly stamped & 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
1		
2		

(The detailed information on the surety(ies), to arrive at their worth, is to be furnished in a separate form (Annexure). Surety(ies), who are the relative 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 surety(ies) have to sign the Letter of Indemnity as per format enclosed (COS 540 Annexure-C). The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective States.)

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

Sl. No.	Signature	Sl. No.	Signature
1	Name :	4	Name :
2	Name :	5	Name :
3	Name :	6	Name :

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 addition sheet.

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 of with date
(Recommending Authority)

Name & Designation:

Sanctioned & Control Return sent on _____

Place:

Date:

Signature of with date
(Sanctioning Authority)

Name & Designation:

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. _____.

Place:

Date:

Signature of with date
(Disbursing Authority)

Name & Designation:

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

NOTE

1) For detailed instructions, please refer to our Circular No.CIR/CirDO/OP&SP/16/2000-2001 dated the 11th April 2001 for affixing stamp duty on Letter of Indemnity on form COS-540. A Letter of Indemnity on form COS 540, 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 provided 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 nay, in accordance with the rules 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 highest duty chargeable on the instrument at the time of execution by the first signatory of the instrument / document.”