

Annexure AA

Application by legal heirs (of deceased) jointly with survivor (s) claiming the balance in the deceased Deposit Account, Operated jointly with or without nomination where one or more depositor (s) has/have died.

To,
Branch Manager
Dombivli Nagari Sahakari Banks LTd.
_____ Branch.

Date :-

Dear Sir,

Req :- Application for settlement of Death Claim.

1. This is to inform you that following deposits are with your Branch favouring beneficiaries named below.

Nature of Deposit	A/c no	Amount	Beneficiary	Operating instruction

2. Out of _____ beneficiaries, following beneficiaries have died/expired.

3. Name Date of Death

4. Now, we the following named legal heirs of deceased depositors (named above) Jointly with surviving depositor would like to claim the deposit amount as detailed above.

Name of legal heirs and surviving depositor(s)	Relationship with deceased depositor(s)	Address

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5. We are agreeable to execute Affidavit and Indemnity as required by Bank and following 2 persons will be stand as sureties (whose details are given in Annexure 10 herewith separately) who will Co execute Indemnity Bond for releasing the payment.

- i) _____
- ii) _____

The death certificate of deceased depositor(s) is /are enclosed herewith , Kindly release the payment at the earliest.

Yours faithfully,

Names of all legal heirs/ survivors

Signatures

