Affidavit format

(To be typed on ledger paper & duly stamped as per the Stamp act applicable to the State)

AFFIDAVIT

	hri/Smt/Kum	and Shri/Smt/Kum	a(_		aged a	at adult,	
residin	g at		, Indian Inha	bitants, d	lo on solen	nn affirmation	state	
that m	y/our	(state relati	_, on) late Shri/	Smt/Kum	١.			
died ir	ntestate at	on	,		. He/sh	ne has left be	hind	
him/he	r surviving the following p	ersons as his/her only	v heirs accord	ling to the	e law of In	testate Succes	ssion	
							301011	
applicable tolaw by which he/she was governed at the time of his/her death.								
<u>Sr.No.</u>	<u>Name</u>	<u>Age</u>	Re	elationsh	nip with the	e deceased		
1.								
2.							-	
2. 3.							-	
4.							-	
т.	· · · · · · · · · · · · · · · · · · ·						-	
(D - i	the constitution of the contract the		ua a a tal casta a	- I ! \ '	T l		41	
	the mother/father I am the	e natural guardian of t	the said minoi	r heirs).	There are	no other heirs	than	
tnose r	mentioned above.							
Particulars of Accounts of the deceased left behind in his/her name in Dombivli Nagari Sahakari Bank Ltd. are as follows:-								
a)	Current A/c No.		Branch	Balanc	e Rs			
b)	Saving A/c No.		Branch	Balanc	e Rs			
c)	Fixed Deposit A/c No		Branch	n Bala	ance Rs			
d)	R/D A/c No.	 	Branch	n Bala	nce Rs			
e)	Share Membership No.	No of sha	ares	Rs.		<u>-</u>		
	aid deceased has left no word of the deceased nor has a					court regardin	g the	
	one of the Sole/heirs clai the other heirs mentioned to that eff	d above given their no						

	ne heir / heirs are making this solemn declaratior g the same to be true and with full knowledge i.e
9	that the Dombilvi Nagari Sahakari Bank Ltd ed at my/our request to make payment of the
amount of the deposit(s) to the above	mention persons / claimant without insisting for representation to the estate of the deceased from
"Sworn" / Solemnly affirmed	
At	
On the day of	
1)	Signature
2)	Signature
	BEFORE ME
SEAL>	

(Delete whichever is not applicable)