

Claim cum Identification form to be submitted by nominee of deceased depositor (single name)

From,
.....
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.....
.....
Date:-

To,
Branch Manager
Dombivli Nagari Sahakari Bank Ltd.
..... Branch

Dear Sir,

**Reg.:-Application for claim/settlement of Deceased deposit A/c of late Shri/Smt.
.....with your Bank.**

I advise the sad demise of Shri / Smt..... on He/She holds Deposit Accounts with your Branch as detailed below.

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.....

2. I Shri/Smt. Son/Daughter/..... of Shri/Smt..... (Deceased), residing at..... am

(i) The registered nominee in above deposit account (s)
OR

(i) The person authorized to receive the payment on behalf of Master / Miss, Who is the nominee in the above account and is minor as on date of this claim.

(ii) Please settle the balance in the account in the name of the nominee. I submit photocopy of following document(s) together with original thereof. Please return the original to me after verification.

(i)Death Certificate issued by

(ii)Identity proof * (PAN Card/Elections ID/Pass port/RTO License & latest photograph)

Please release the amount by Issuing Pay order/DD payable at/Credit the sum to my SB A/c No. with you.

Yours faithfully

.....
Shri/Smt.
(Nominee)

Place

Date

*In the event, satisfactory proof of identification is not available, nominee/the person authorized to receive the payment on behalf minor nominee can furnish witness of Magistrate/Judicial officer, or an officer of Central /State Government/or officer of the Bank or two responsible persons acceptable to Bank.