

**Application for Deceased Claim**  
**(To be used when account has nomination)**

**From**

**To**

The Branch Manager  
Coastal Urban Co-Operative Bank Ltd  
.....Branch

Dear Sir,

<b>Account of Late Mr. / Mrs.</b>	
<b>Account No. / s</b>	

I/We advise the demise of Shri/Smt. \_\_\_\_\_ on \_\_\_\_\_.  
He/She holds the above account(s) at your branch. The account is in the name(s) of \_\_\_\_\_.

I, ..... son / daughter of Shri .....  
residing at.....am

- (i) The registered nominee in the above account(s).
- (ii) The person authorized to receive payment on behalf of Master / Miss  
..... who is the nominee in the above account(s)  
and is a minor as on the date of this claim.

Please settle the balance in the account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heir(s) of the deceased.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by : \_\_\_\_\_  
Identity Proof : \_\_\_\_\_

Place:

Yours faithfully,

Date:

(Claimant(s))

**Application for Deceased Claim**

**(To be used when account is a joint account with survivor clause)**

**From**

**To**

The Branch Manager  
Coastal Urban Co-Operative Bank Ltd  
.....Branch

Dear Sir,

<b>Account of Late Mr. / Mrs.</b>	
<b>Account No. / s</b>	

I/We advise the demise of Shri/Smt. \_\_\_\_\_ on \_\_\_\_\_.

He/She holds the above account(s) at your branch. The account is in the name(s) of

\_\_\_\_\_.

I/We Request you to delete the name of deceased person and continue the account in my / our name(s) with the following mode of operations.

Mode of operations: \_\_\_\_\_

Please settle the balance in the account in our name. I/We receive the payment as trustee(s) of the legal heir(s) of the deceased.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by : \_\_\_\_\_

Place:

Yours faithfully,

Date:

(Claimant(s))

**Application for Deceased Claim****(To be used for cases other than Nomination / joint account will survivor clause)****From****To**

The Branch Manager  
Coastal Urban Co-Operative Bank Ltd

.....Branch

Dear Sir,

<b>Account of Late Mr. / Mrs.</b>	
<b>Account No. / s</b>	

I/We advise the demise of Shri/Smt. \_\_\_\_\_ on \_\_\_\_\_.

He/She holds the above account(s) at your branch. The account is/are in the name(s) of

\_\_\_\_\_.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heirs(s) of the above named deceased and lodge my / our claim for payment as per the bank's rules and discretion. The relevant information about the deceased and legal heir(s) are as under.

- Names in full of the parents of the deceased:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

- Religion of the deceased: \_\_\_\_\_

- Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Master Circular in Settlement of Deceased Claims

(Annexure – 4: Page 2)

S No.	Name / Address	Occupation	Relationship with Deceased	Age

Name or Names of the guardian /s of the

Minor children of the Depositor

Whether Natural Guardian :

Whether Guardian appointed by Court of :

Law in India. If so attach a certified copy or  
duly attested copy of such order

in whose custody the minor /s is / are in? :

**4. Claimant /s name /s, full address and phone numbers:**

S. No.	Claimants' Name and full address	Phone Nos.
1		
2		
3		
4		
5		

**5. Names of two sureties, full address. Phone number and Occupation (Only in case where claim amount is above Rs. 25000/-).**

Name of sureties and full address	Phone Nos.	Specimen Signature

I/We submit the following documents.

1. Death Certificate (Original + 1 photocopy) issued by: \_\_\_\_\_
2. Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased to

..... On my / our behalf

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place:

Yours faithfully,

Date:

S. No.	Name of Client / Legal Heir(s)	Signature
1		
2		
3		
4		
5		
6		