



AMBARNATH JAI-HIND CO-OP. BANK LTD.

आपुलकीने वागणारी माणसं!

प्लॉट नं. ४२, लोकमान्य टिळक पथ, अंबरनाथ (प.) - ४२१ ५०१. फोन : ९५२५१-२६८ ३३ ८७ / २६८ ३३ ७८ / २६८ ४३ ७१ फॅक्स : ९५ २५१ २६८४३७४

Annexure – 4

Application for deceased claim

(To be used for cases other than nomination / joint account with survivor clause)

From :-

To,

The Branch Manager
Ambarnath Jai-Hind Co-op. Bank Ltd.,
_____ Branch

Dear Sir,

Ref. :- **Deceased Account Late Shri. / Smt.**
Account No (s)

I / We advise the demise of Shri / Smt. _____
on _____. He / She hold the above account(s) at your branch. The account is 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 in testate. I/We am/are the legal heirs 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 the legal heirs are as under:

1. Names in full of the parents of the deceased :-

Father :- _____

Mother :- _____

2. Religion of the deceased :- _____

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii)
Sisters (viii) Grandchildren.

If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

1. _____

2. _____

Contd....2..



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----: 2 :----

3. _____

4. _____

5. _____

6. _____

4) Name or names of the Guardian / s :-

Of the minor, Children of the depositors _____

(a) Whether Natural Guardian

(b) Whether Guardian appointed by Court of Law in India. If so, attach a certified copy or duly attested copy of such order _____

(c) In whose custody the Minor / Minors is / are?

5. Claimant / s name / s and address in full :-

(i) _____

(ii) _____

(iii) _____

I / We submit the following documents. Please return the original death certificate to us after verification.

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.

Yours faithfully,

Place:

Date:

Signature of Claimant (s)
Name of Claimant Address Signature