



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 – 3

Application for Deceased Claim

(To be used when account has nomination OR is a 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 _____.

A. In case of Nomination :-

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

(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 the 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 heirs of the deceased.

B. In the case of joint account with survivor clause :-

I/We request you to delete the name of deceased person and continue the account in my/our
name(s) with same mode of operations. 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 (required in nomination cases) _____

Yours faithfully,

Place:

Date:

{Signature of Claimant(s)}