

(CLAIM FORM TO THE ASSETS OF THE DECEASED)

To
The Branch Manager,
Baroda Gujarat Gramin Bank,
_____Branch

Sir,

Re : Claim for payment / delivery of the balance /assets to the estate of late Shri /
Smt./Kum. _____

1. In the matter of the assets of
(Full name of the deceased depositor/locker holder)

2 (a) Full Residential address:

(b) Occupation -----

(c) Age -----

(d) Law by which the deceased was governed: Hindu Succession Act, 1956 / Indian
Succession Act/Mohammedan Law/Others.

3. Date of Death

Proof *

(* Proof i.e. Death Certificate / certified extract of death register or a
certificate of the village head man to be enclosed).

4. (a) Details of the amount and / Or securities claimed :

Sr. No	Nature of the Deposit/Securities	Account No. Receipt No.	Amount/value of securities # Rupees / paise	Date of maturity	Remarks
1	Type of Deposit / Securities				
2					
3					

#Valuation Certificate issued by valuer to be enclosed.

(b) Against which the outstanding direct and indirect liabilities :

Sr. No.	Nature of liability	Account No.	Amount of liability	Remarks
1.				
2.				

Note : if any account and /or deposit is in the joint names, state the names of all joint holders and conditional clause if any , regarding payment.

5. (a) Name/s of Claimant/s:

Sr. No	Name/ s	Occupation and address	Age	Relationship with the deceased.
1.				
2				
3.				

(b) Details of Survivors:

Sr. No	Name/ s	Occupation and address	Age	Relationship with the deceased.
1.				
2.				

In case of Joint Hindu family, names of brothers / sisters / should be given.

6. (a) Are the deposit receipts / pass book / relating to amounts / key of the locker, in possession of the Claimant/s

If not, its whereabouts?

(b) Details of Deposit Receipts / SB pass book / Keys etc. submitted.

7.(a) Has the deceased left any will : YES / NO
(Please specify with brief facts)

(b) Has any probate / letter of administration or succession certificate to the estate of the deceased has been obtained (please specify with brief facts) : YES / NO

8. (a) Did the deceased belong to the Joint Hindu Family : YES / NO

(b) If so who are the adult members of the family?

Sr. No	Name/ s	Occupation and address	Age	Relationship with the deceased.

(c) Is the property claimed self-acquired?

(b) Proof of claimant/s title (Furnish documents in original for reference and return)

9. Are the claimant / s prepared to indemnify the bank against any future adverse claims?

If so furnish the name/s, address, occupation and worth, of sureties who will join in the execution of Bond.

1. Name

2. Name

Address.....

Address.....

.....

.....

Occupation

Occupation.....

Estimated Worth `

Estimated worth `

Annual Income:

Annual Income:

Value of Immovable Property

a) where they are situated ?

b) Whether property is in Own name /
/ Joint names

c) Whether the property is

- Encumbered
- Unencumbered
- Partially encumbered.

Note: (This need not be filled up if a probate and /or letter of Administration or Succession Certificate has been produced)

I/We hereby declare the necessary particulars concerning my/ our above claim against the Bank in respect of the estate of the above named deceased. I/We shall furnish any further information that the Bank may desire in this regard. I/We declare that the above mentioned particulars furnished by me /us are true to my /our knowledge and belief and agree that I/We shall be jointly and severally liable to you for any misrepresentation or suppression of material facts and indemnify you against any demand made as you by any other person claiming under on in the right of the above mentioned deceased for or in respect of money / shares claimed by me/us herein.

Place:

Signature of claimant/ s

Date:

1.

2.

3.

4.

INSTRUCTIONS FOR FILLING -UP THE CLAIM FORM

1. All the columns should be filled in with specific answers.
2. The form should be signed by all the claimant/s /heir/s of the deceased.
3. If there are minor heir/s / claimant/s, they should be represented by their guardian.
4. A consent letter/s signed by other claimants and surety/ies letter/s certifying to the correctness of the particulars furnished by the claimant/s in the form should be sent along with the claim form.

=====

FOR OFFICE USE
FOR BRANCH MANAGER

We have verified the particulars mentioned in claim form by the claimant/s Shri / Smt / Kum..... and recommend that the balance in the deceased account of Shri / Smt ----- may be paid against the stamped indemnity Bond signed by and the surety/ ies viz.

- 1.
- 2.

Balance in account ` -----
 +Interest `
 = Total Amount ` -----

Recommended by Authorized to pay By

 Department in-charge Branch Manager
 Date :

NB . if the payment of the balance falls within the discretionary powers of the branch, they should sign the authority portion.

=====

FOR REGIONAL OFFICE USE

We hereby authorize you to pay the balance of `-----plus interest `----- of the deceased Shri / Smt ----- to Shri/Smt / Kum -----against our usual stamped indemnity bond signed by the claimant/s -----and others as recommended by the branch and TWO sureties.

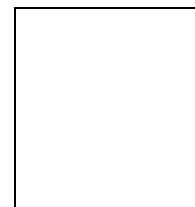
(1)..... (2).....

Date:.....

Regional Manager

BARODA GUJARAT GRAMIN BANK

(HEAD OFFICE: BHARUCH)



PARTICULARS TO BE SUPPLIED BY THE APPLICANT / GUARANTOR

I give below the particulars of myself, my family and my Assets & Liabilities as at

1. Name in Full: _____ 2 Age _____

3. Father/s Husband's Name: _____ 4 date of Birth _____

5. Qualification:

6. Residential Address:

PERMANENT

PRESENT

7. Telephone Numbers: Office/Shop _____ Residence _____

8. Occupation/ line of Business:

(A) If in service:

Name of employer and: _____

Address _____

Designation: _____

(B) If in business / profession:

i) Name/s of the firm/ company: _____
and its Address _____

ii) Line/s of activities: _____

iii) Since when established: _____

iv) In which capacity he/she is: _____
representing

9. Annual Income: Rs.

10. PAN (if an Income Tax Assesse):

11. DETAILS OF ASSETS

11.1 Details of immovable properties (held in own name/joint name)

(A) Nature of properties (Please tick whichever applicable)

- (i) Plot of land : _____
- (ii) Agricultural land : _____
- (iii) House/go downs : _____
- (iv) Others : _____

(B) Location _____ Survey House No. _____

Area/Locality : _____

Village/town : _____ District _____

(C) Property in whose name? :

(D) Cost (at the time of purchase) : Rs.

(E) Present estimated market value of the property/ies: Rs. _____

(F) Whether encumbered/un-cumbered/ :
partially encumbered. If encumbered,
give details, viz, with
whom, consideration and major
terms & conditions)

11.2 DETAILS OF MOVABLE PROPERTIES IN MY NAME

(A) LIC Policies

Policy No.	Date of issuance of policy	Sum Assured (Rs.)	Branch name	Annual premium (in Rs.)	Premium Paid up to what period
1	2	3	4	5	6

(B) Shares/Debentures etc.

Name of the Company	Total no. of Shares held	Certificate No. A/c No.	Total Amount Rs. (Face Value)	Whether fully paid (Yes/No)	Current Market Value Rs.
1	2	3	4	5	6

(C) Term Deposits

FDR/RD/YSD A/c No.	Date	Number	Amount Rs.	Name of Bank / Branch	Due Date	Maturity value Rs.
1	2	3	4	5	6	7

(D) Investment in Government Securities like Bonds/NSC etc.

Bond/Certificate No.	Date of Purchase	Issuing Office/Post Office Add (including Mutual funds)	Amount Rs.	Due date	Maturity value Rs.
1	2	3	4	5	6

- 11.3 Details like Reg. No., type and value of:
Vehicle/s owned by me :
- 11.4 Capital invested in business Name of :
Firm / company (As on latest balance sheet date)
- 11.5 Full details of other investments if any, :
(i.e. Jewellery, investment in other firm, etc.)
- 11.6 Total of all assets (9.1 to 9.5) : Rs. _____

12. DETAILS OF LOANS IN INDIVIDUAL NAME/FIRM'S NAME/COMPANY'S NAME

- (a) Name/s of the Bank/other Institution and its branch:
- (b) Purpose and amount of loan availed:
- (c) Security & repayment schedule/Rate of Interest:
- (d) Present balance outstanding:
- (e) Liabilities other than to Bank and:
Financial Institution/s
13. Other details:
Details of personal guarantee :
given for any person/firm. If so,
furnish details (i.e. name of the
Bank/Institutions, on whose behalf,
Amount of guarantee, present status
Of a/c etc.)
14. (A) Particulars of Legal Heirs:

Sr. No.	Name	Relationship	Age	Present Address
(1)	(2)	(3)	(4)	(5)

13. Nomination particulars:

Sr. No.	Description of Assets (Bank Deposits. Co. Dep. Terminal Benefit etc.)	Bank Organization	Account Certificate	Amount (At Present/ On Maturity)

In support of my above declaration, I enclose

1. Balance sheet, Profit & Loss Account, Trading Account, Capital Account (Audited/un-audited)
2. Copy of employment certificate with details of salary drawn.
3. Copies of agreement/revenue records / society certificates in respect of land/ building/ flat owned by me.
4. Copies of Income Tax/ Wealth Tax Returns/ Assessment Order.

16. I declare that:

I am / I am not (tick as applicable) a Director in ____/ any Bank. There is no litigation against me or the firm/co., in which I am the proprietor/s partner/s Director.

The name of the firm/Co. or the name of the partners/proprietor/ Director of the Firm / Co., is not on the caution list of RBI/ECGC. The proprietor/ partners/ Directors of the firm/Co. is/are not the Directors in any Co-operative Bank.

I also declare that above information is complete, true and correct.

Encl.:

PLACE:

DATE:

Signature of the Applicant

SURETY LETTER

FROM:.....

To,
The Branch Manager,
Baroda Gujarat Gramin Bank,
..... Branch.

Dear Sir,
Re; Claim to the balance in the -----accounts standing in the name
of late

I know late Shri/Smt and the members of his
/her family well for the past ----- years. He / She passed away on
..... He / She is survived by the under mentioned persons as his / her
heirs.

Sr. No.	Name/ s	Age	Relationship with the deceased.
1.			
2.			
3.			
4.			

I have gone through the claim form to which this letter is appended and I hereby certify that the particulars furnished by the claimant/s in the claim form are true and correct to the best of my knowledge and information.

Yours faithfully,

()

Place :

Date :

(CONSENT LETTER)
(TO BE SIGNED BY OTHER CLAIMANTS)

FROM...

To,
The Branch Manager,
Baroda Gujarat Gramin Bank,
----- Branch,

Dear Sir,

Re; Claim to the balance in the -----accounts standing in the name
of late

I am writing this consent letter to inform you that my -----
(nature of relationship) Shri / Smt..... Passed away on.....
leaving behind him / her heirs the under mentioned persons.

Sr. No.	Name/ s	Age	Relationship with the deceased.
1.			
2.			
3.			
4.			

The amounts claimed under the above deposit/s account forms are part of the assets of the deceased .I am also entitled to a share in his/ her assets .

I hereby declare that I have no objection to the entire balance in the accounts being paid to my Shri/ Smt.....
.....

I, therefore, accord my consent to the balance in the accounts being paid to him / her. I further state that the discharge given by the said Shri/ Smt..... in respect of the said accounts / Deposits shall be as effective as if the same is given to me and binding on me.

Place :

Yours faithfully,

Date :

()

LETTER OF INDEMNITY

In respect of payment of balance in deposit accounts of deceased persons
(To be stamped as an agreement)

The Branch Manager

Place: _____

Baroda Gujarat Gramin Bank

Date: _____

_____ Branch.

WHEREAS Mr/ Mrs/ Miss _____ (name of the deceased person) of _____ (address of the deceased person) had at the time of his/ her death to his/ her credit a sum of Rupees _____ (balance in the account as on the date of death) which including interest upto _____ (date of repayment) Amounts to Rs. _____ (amount now being repaid) in _____ (nature of account) account/s with the Baroda Gujarat Gramin Bank, _____ branch, (hereinafter referred to as "the said bank").

AND WHEREAS _____ (names of the persons claiming repayment) _____ of _____ (address) _____ (hereinafter referred to as "the said claimant/s") and _____ have represented to the said Bank that said claimant/s is/are entitled to have the said sum paid to the said claimant/s and have accordingly requested the said Bank to pay the said sum to the said claimant/s.

AND WHEREAS the said claimant/s and Mr/ Mrs/ Miss _____ (names of the surety/ies) _____ Of _____ (address of surety/ies) _____ have agreed to indemnify the said Bank in respect of such payment.

NOW IN CONSIDERATION of the premises we, _____ (name/s of claimant /s) _____ and _____ (name/s of surety/ies) _____ for ourselves and our respective heirs, executors and administrators jointly and severally agree and undertake that the said Bank, its successors and assigns and its Managers, Agents, Officers and Servant, and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, costs, charges, expenses and demands whatsoever in respect of the said payment.

Yours Faithfully,

(To be signed by the claimant/s and surety/ies)

BRANCH: _____

REGION: VALSAD / GODHARA

Claim Form: - For a Payment/ Return of Deposit, Safe Custody, & Locker holders articles to the nominee.

I Shri/Smt./Kum _____

Nominee / appointed on behalf of the minor nominee hereby declare that I am the nominee/ appointed on behalf of the minor nominee of the deceased Shri/ Smt .

I further declare that I am nominated to claim the deposit monies/ articles held in safe custody/ safety locker with _____ Branch by Shri /Smt. _____ deceased. The deposit monies / articles held in safe custody / safety locker are held in Account No. _____ / Locker No. _____ safe custody receipt no. _____ of Shri / Smt. _____ deceased.

Shri/ Smt. _____ Signature _____

(Nominee/ appointed on behalf of minor nominee) Date _____

_____ Address _____

Witness *

1. Magistrate or judicial official
Or

1. Name _____
Address _____

2. An officer of the Central or State Government
Or

3. An officer of a bank

Signature _____

4. Two persons acceptable to the bank

2. Name _____
Address _____

Signature _____

(*strike out whichever is not applicable)

BRANCH: _____

REGION: VALSAD / GODHARA

Form of Inventory of articles left in safe custody with Our Branches.

Under banking company (Section 45ZC(3) of the Banking Regulation Act, 1949)

The Following Inventory of Articles left in safe custody with

_____ Branch, by Shri/Smt.
_____ (deceased) under an
agreement / receipt dated _____ was taken on this, _____ day
of _____ 20____.

Sr. No.	Description of articles	Other indentifying particulars if any.

The above inventory was taken in the presence of:

1. Shri/Smt. _____ Shri/Smt. _____
(Appointed on behalf of minor Nominee)

Address _____ (Nominee) Address _____
OR

Signature _____ Signature _____

2. Witness (es) with name, address and signature.

I, Shri / Smt. _____ (Nominee /
appointed on behalf of minor Nominee) hereby acknowledge receipt of the articles
compared and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee) Shri/Smt. _____
(Appointed on behalf of minor Nominee)

Signature _____ Signature _____

Date _____ Date _____

Place _____ Place _____