

Deceased Claim Application - I

(To be used when account has nomination or is a joint account with survivor clause)

DCB BANK

To, Branch Head Development Credit Bank Ltd. _____ Branch	From (name and address of Claimant(s))
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Dear Sir,

Re: Deceased Account of Late Mr/Ms. _____
_____ Account No(s) _____

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: _____

A. In case of Nomination

I, _____ son / daughter / wife of Mr. _____
_____ 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 heirs of the deceased.

B. In the case of joint account

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 / mode of operation as :

Single/Self Either or Survivor Jointly Other (please specify) _____

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) _____

Place: _____ Yours truly,

Date: _____

Signature(s)

FOR OFFICE USE ONLY

Documents Verified	Action Taken
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Date: _____ Signature(s) of Bank Officials

Deceased Claim - Acknowledgement to Claimant(s)

Claimant's Name	Cust ID
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Received request, subject to verification, for Settlement of Deceased Claim with Nomination / Survivorship Clause.

Signature / Date Receipt Stamp



DCB 24-Hour Customer Care

Email customercare@dcbbank.com

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Website www.dcbbank.com

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