

Deceased Claim Application - II

(To be used for cases other than Nomination / Joint account with survivor clause)
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DCB BANK

To, Branch Head Development Credit Bank Limited _____ 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(s) is/are in the name 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 am / We are the legal heirs of the above named deceased and lodge

1.	Name of Deceased Account Holder Father's Name Mother's Name Religion of the Deceased	:			
2.	Details of living Legal Heirs / Relatives (Husband, Wife, Children, Father, Mother, Brothers, Sisters, Grand Children, etc.). Give full name, address, occupation, relationship with the deceased and Age. If Joint Hindu Family, give names of Karta and Co-Parceners with respective ages	:			
3.	Date of Death of the Deceased	:			
4.	Name and address of the Claimant(s)	:			
5.	What is the relationship of the claimant/s with deceased?	:			
6.	Amount claimed and particulars of the nature of A/c(s) concerned of the deceased.	:	A/c No.	Name/Title Of the A/c	Amount.
	a) Current A/c No.:	:			
	b) Savings Bank A/c No.	:			
	c) Fixed Deposits	:			
	d) Safe Deposit Locker	:			
8.	Who are the claimants / nominees of other Assets / Provident Fund / Life Insurance Policies, etc.?	:			

9.	Names of two sureties, with full addressees occupations and their account numbers etc. with us: -	:	Applicable Only If Amount Claimed Exceeds Rs.100,000/-.
	SURETY - I		SURETY - II
	Signature:		Signature:
	Full Name :		Full Name :
	Address :		Address :
	Occupation :		Occupation :
	Business/Service Address :		Business/Service Address :
	Their SB/Current/OD/CC/A/C With us / Other Bank :		Their SB/Current/OD/CC/A/C With us / Other Bank :
	Bank / Branch :		Bank / Branch :
	A/c. No. :		A/c. No. :
	Balance Rs. :		Balance Rs. :
	Monthly income :		Monthly income :
	Net Worth:		Net Worth:

DECLARATION:

I / We confirm that the deceased has not left a Will and that no form of legal representation (such as succession certificate, letter of administration, etc.) has been obtained to his estate.

I/We confirm that we alongwith the heirs whose names are furnished in (2) above, are the only heirs and legal representatives survived by the said deceased Mr./Mrs. _____ as per the law by which he / she was governed and save and except ourselves, there is nobody else survived by the said deceased.

I/We confirm that no disputes exists or law suits are pending with respect to this claim.

I/We do hereby solemnly affirm and state that the statement of facts contained in the application are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

SIGNATURE OF THE CLAIMANT (S)

CLAIMANTS/S NAME (S) :

ADDRESS :

TEL. / MOBILE No.:

Place :

Date :

Enclosures : As per Check List given below

1. For amounts upto Rs.100,000/-

Copy of Death Certificate	
Letter of Indemnity signed by the Claimant(s) as per bank's format	
Other Documents in support of the Claim (please specify)	

2. For amounts above Rs.100,000/-

Copy of Death Certificate	
Letter of Indemnity –cum- Guarantee signed by the Claimant(s) and Sureties as per bank's format	
Other Documents in support of the Claim (please specify)	

FOR OFFICE USE ONLY

Documents Verified	Action Taken

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 other than with Nomination / Joint A/c with Survivorship Clause.

Signature / Date Receipt Stamp

 **DCB 24-Hour Customer Care**
Email customercare@dcbbank.com
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Website www.dcbbank.com