

Claim Format

To,
The Branch Manager,
State Bank of Bikaner and Jaipur
_____ Branch

Address for correspondence
Shri/Smt./Kum. _____

Address : _____

Date : _____

Dear Sir,

**Claim for payment of Balances in the account(s) of
Late Shri/Smt./Kum. _____
Expired on _____**

I/We advise that Shri/Smt./Kum. _____ expired on _____ /* is not traceable since _____ *

2. Late Shri/Smt./Kum. _____ was maintaining a Savings Bank / Current Account / R.D. Account / TDR/ STDR etc. _____ accounts in your branch as follows :-

No.	Nature Deposit	Account No.	Amount \$		Date maturity	Nature Liability to the Bank, if any.	Amount	
			Rs.	Ps.			Rs.	Ps.
1)						1)		
2)						2)		
3)						3)		
	Total Amount (1 to 3)					Total Amount (1 to 3)		

\$ (The actual amount of claim with accrued interest will be worked out on the date of payment)

3. I / We lodge my / our claim for the above balances with accrued interest of the above named deceased in terms of :-

- a. * Will of the late Shri/Smt./Kum. _____ dated _____ and a probate granted by the court of _____ at _____ dated _____ (copies enclosed)
- b. * Succession Certificate dated _____ granted by the Court of _____ at _____ (Copy enclosed).
- c. * Letter of Administration No. _____ dated _____ issued by _____ at _____ (Copy enclosed).
- d. * The deceased died intestate. We lodge our claim without a legal representation for payment as per the Bank's rules and discretion.
(*Strike out if not applicable).

4. We furnish below the required information about the deceased and the legal heirs in this regard :-

- a. Date & Place of Death _____
- b. Details of Death Certificate (No., Date, Authority - copy enclosed. Original to be produced for verification) _____
- c. Permanent address of the deceased _____
- d. Religion _____
- e. Which Law of Succession is applicable ? _____
(Viz. Hindu, Mohammedan etc.)
- f. Names in full of the parents of the deceased :
(i) Father _____
(ii) Mother _____
- g. If parent(s) are living, their ages : (i) Father _____ Years (ii) Mother _____ Years.
- h. Name in full of the widow/widower of the deceased Smt./Shri _____
Age, (if living) _____ years.
- i. Name(s) and Age (s) of the living children of the deceased :-
I) _____ Age _____ Years
II) _____ Age _____ Years
III) _____ Age _____ Years
IV) _____ Age _____ Years

- j. Name(s) and Age (s) of the living Grand children of the deceased :-
(Children of only predeceased son or daughter)
- I) _____ Age _____ Years
 II) _____ Age _____ Years
- k. Name(s) and Age (s) of the living brothers of the deceased :-
- I) _____ Age _____ Years
 II) _____ Age _____ Years
- l. Name(s) and Age (s) of the living sisters of the deceased :-
- I) _____ Age _____ Years
 II) _____ Age _____ Years
- m. Name(s) of the Minor(s) and Natural Guardian(s) / Legal Guardian(s) of minors amongst the claimants. (If legal guardian is appointed, a copy of the order must be enclosed) :-
- (1) Name (s) of the Minor Claimant(s) Date (s) of birth
- I) _____
 II) _____
- (2) Name (s) of the guardian(s) and Relationship with the Minor Claimant(s) above.
- I) _____
 II) _____
- n. Shri/Smt./Kum. _____ i.e. the person furnishing the declaration below / the affidavit (Annexure-B) knows our family for last ____ years and is unconnected with our family.
- Name(s) in full, address of the heir (s)
- i) _____

- ii) _____

- iii) _____

- iv) _____

- v) _____

- vi) _____

- vii) _____

- viii) _____

- IX) _____

- X) _____

I know the deceased and his family since last _____ years. I am not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

Certified that to the best of my knowledge and belief the facts stated above are true and correct

Name in full and address of the person signing the declaration _____

 Signature with date

Place and date : _____
 (To be signed by an independent respectable person well known to the deceased person's family but unconnected with it and acceptable to the Bank)*

*(Where the amount of the claim for balance exceeds Rs. one lakh, the person furnishing the declaration will have to execute an affidavit as per the format enclosed SBBJ/F.592 (Annexure-B).

before a "Judge/Magistrate/Notary instead of the declaration. The affidavit will be stamped according to the Stamp Act in force in the respective state).

(o) *Names and ages of the claimants who propose to execute the Letter of Disclaimer :-

Name	Age (years)
i). _____	_____
ii). _____	_____
iii). _____	_____
iv). _____	_____
v). _____	_____
vi). _____	_____
vii). _____	_____

(p) *A letter of Disclaimer as per Annexure-A duly stamped and executed is enclosed.
*(Strike out if not applicable).

(q) We propose the following surety (ies)
(No surety required for amounts upto Rs. 50,000/-)

i) Name & Address : Shri/Smt/Kum. _____

ii) Name & Address : Shri/Smt/Kum. _____

(The detailed information on the sureties, to arrive at their worth, is to be furnished in a separate form Annexure-'C' Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of Indemnity (SBBJ F/593(R). The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State).

(I/We declare that the facts stated above are true and correct to the best of my/our knowledge and belief).

Signature(s) of the claimant(s) who will received the amount

i) _____

ii) _____

iii) _____

iv) _____

v) _____

vi) _____

Place : _____ Date : _____

(To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a "Letter of Disclaimer" as per the format enclosed (Annexure-A) and will be stamped according to the Stamp Act in force in the respective State).

(Please note that the claimants will have to sign the receipt for having received the claim amount).

Encl : As above

(Note : The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Representation in case there are disputes among legal heirs and all of them do not join in indemnifying the Bank (or Give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer).

If the space provided is insufficient, please use additional sheet.

FOR OFFICE USE

Report of the Recommending Authority

I have made necessary inquiries about the claim made by the claimants and satisfied that the claim can be settled. The sureties are waived (Amounts upto Rs. 50,000/-)* /Surety(ies) offered are acceptable as per Bank's extant instructions*. All the necessary documents have been obtained. The claim may be paid to the claimants

*(Strike out if not applicable).

Any other remarks _____

Place : _____

Date : _____

Signature with Date
Name and Designation
(Recommending Authority)

Sanctioned and Control Return sent on _____

Place : _____

Date : _____

Signature with Date
Name and Designation
(Sanctioning Authority)

Disbursement and Record

Amount paid by banker's cheque No. _____ dated _____ for Rs. _____
(Rupees _____ only)
and receipt obtained as per sanction No. _____ dated _____.
Documents kept in Branch Documents vide Item No. _____ Page No. _____ .

Place : _____

Date : _____

Signature with Date
Name and Designation
(Disbursing Authority)

(Where the Recommending Authority and Sanctioning Authority is same, he should sign in both the capacities).

NOTE :

- 1) A letter of indemnity on form No. SBBJ.F/593.R is to be stamped as an agreement. A Letter of Indemnity need not ordinarily be attested provided the executant attends the Bank personally or his signature is on record with the Bank. It will have to be stamped as an Indemnity Bond, if attested by a witness.
- 2) Where the executants/signatories of the documents are residents in different places/states the following guidelines should be followed.

"The Section 17 of the Indian Stamp Act, 1899 provides that all instruments chargeable to the duty and executed by any person in India shall be stamped before or at the time of execution "Execution" here means "Signature". The chargeable event is the execution of the instrument, section 19A added locally in various States provides for payment of difference in duty, if any, in accordance with the rates in force in those states. In other words, in such case, the instruments to be executed may be stamped according to the applicable laws of the first person signing the documents and if the rate of duty payable in the another State where the executant resides is higher, the instrument may be further stamped (Adhesive Stamps) with the difference in duty. However, if the rate is same or lower, it will not be required to be further stamped. In the alternative, the instrument may be stamped with the highest duty chargeable on the instrument at the time of execution by the first signatory of the instrument/document."

(To be duly stamped as per the Stamp Act applicable to the State)

LETTER OF INDEMNITY

(Letter of Indemnity with respect to payment of Balance in the Deceased Constituents' Account without Production of Legal Representations)

To,
The Branch Manager/Chief Manager/Asstt. General Manager
State Bank of Bikaner and Jaipur

IN CONSIDERATION of your paying or agreeing to pay us,

Insert here the name(s) of the claimants

1)	_____
2)	_____
3)	_____
4)	_____
5)	_____
6)	_____

The sum of Rupees _____ Standing at the credit of Savings Bank / Current / CTD/ Account No. etc. _____ with your bank in the name of Shri/Smt./Kum. _____ since deceased, without production of Letters of Administration or a Succession Certificate to his/her estate or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due we,

Insert here the name(s) of the surety(ies)

1)	_____
2)	_____

do hereby for ourselves and our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered
By the above named on this _____
Day of _____ two thousand _____

SIGNED AND DELIVERED by :

The above named.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

(heirs/claimants of the deceased)

SIGNED AND DELIVERED by :

The above named.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

(Sureties)

(To be duly stamped as per the Stamp Act applicable to the State)

LETTER OF DISCLAIMER

The Branch Manager/Chief Manager/Asstt. General Manager
State Bank of Bikaner and Jaipur

Dear Sir,

_____ *Account Number _____

in the name of Shri/Smt./Kum. _____ Balance
Rs. _____

With reference to the above account(s). I/we the following legal heirs of the late Shri/Smt./Kum. _____ (Name of the deceased account holder) have to advise that we have no interest in the above assets and as such we have no objection to your paying the balance amount lying in the above account(s) with you in the name of the aforesaid Shri/Smt./Kum. _____ (Name of the deceased account holder) to Shri/Smt./Kum. _____.

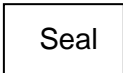
- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Such delivery of the payment of the balance in the above account(s) would be completely binding on us and we will not question the Bank's action in so doing if any proceedings. I/We also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein .

S.No.	Name(s) of the claimant	Age	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Signed before me

This _____ day of _____



(Notary Public/ Magistrate)

*Fill in here the type of account viz. Savings Bank/CTD/Term Deposit/Current etc.

(To be duly stamped as per the Stamp Act applicable to the State)

AFFIDAVIT

I/We (1) _____ son of Shri _____
and (2) _____ son of Shri _____
residing at (1) _____ and (2) _____
do hereby make oath*/solemnly affirm and say as follows :-

1. that Shri/Smt./Kum. _____
(Name of the deceased)
(hereinafter referred to as "the deceased") died intestate on _____
at _____.

2. That we know the deceased and his family since the last _____ years.
3. That at the time of his death the deceased left surviving him the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an interstate succession :-

	<u>Name</u>	<u>Age</u>	<u>Relationship with the deceased</u>
i)	_____	_____	_____
ii)	_____	_____	_____
iii)	_____	_____	_____
iv)	_____	_____	_____
v)	_____	_____	_____
vi)	_____	_____	_____
vii)	_____	_____	_____
viii)	_____	_____	_____
ix)	_____	_____	_____
x)	_____	_____	_____
xi)	_____	_____	_____

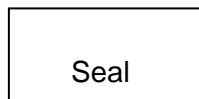
4. That we are not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have we any claim or interest of whatsoever nature in the estate of the deceased.

5. That we are informed and we verily believe that the deceased has left certain deposits*/assets with the State Bank of Bikaner and Jaipur _____ Branch, to which the above mentioned persons are entitled to claim.

6. That we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the State Bank of Bikaner and Jaipur _____ Branch, has agreed at our request to make payment of the amounts of the deposits / to deliver the assets to the above mentioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased from a competent Court.

Sworn*/Solemnly affirmed.
at this _____
Day of _____ in the
Presence of _____

1. _____
2. _____
Before me.



(*Delete whichever is inapplicable)

Judge/Magistrate/Notary