

PAYMENT OF BALANCES IN DECEASED CONSTITUENT'S ACCOUNTS

WITHOUT PRODUCTION OF LEGAL REPRESENTATION

We do not insist on production of succession certificate from the legal heirs of the deceased constituents irrespective of amounts involved. However, banks have been advised by RBI to take such safeguards in settling claims, as they consider appropriate, including obtention of indemnity bond etc. RBI has further clarified, that banks may call for succession certificates from the legal heirs of deceased depositors,

i)

In cases where there are disputes and all legal heirs do not join in indemnifying the Bank,

ii)

In certain other exceptional cases where the Bank has a reasonable doubt about the genuineness of the claimant(s) being the only legal heir(s) of the depositor.

2. The Branch Manager / Recommending Authority should satisfy himself by making enquires that there are no other claimants to the assets of the deceased and also that the constituent died intestate and there are no disputes among the claimants and all the claimants sign the Letter of Indemnity.

3. Documents to be obtained

1) For Aggregate Balances up-to Rs. 50,000/- including upto date interest.

a) Declaration on revised "Claim Format" from the claimants.(other than the one who has signed the letter of disclaimer) and one independent witness

b) Stamped letter of indemnity from the claimants.

2. For Aggregate Balances Rs. 50,001/- to Rs 1,00,000/- including upto date interest.

a) Declaration on revised "Claim Format" from the claimants.(other than the one who has signed the letter of disclaimer) and one independent witness

b) Stamped letter of indemnity from the claimants plus one Surety good for the amount or two sureties jointly good for the amount.

3. For Aggregate Balances Rs 1,00,001/- and above including upto date interest.

a) Declaration on revised "Claim Format" from the claimants.(other than the one who has signed the letter of disclaimer) and one independent witness.

b) Stamped letter of indemnity from the claimants plus one Surety good for the amount or two sureties jointly good for the amount. Page 2

c) Affidavit (stamped) from one independent respectable person well known to the deceased family but unconnected with it and acceptable to the Bank.

4) Claim Format

Revised "Claim Format" (can also be submitted in vernacular languages) are available at the branches.

REVISED CLAIM FORMAT

To,

Address for correspondence

The Branch Manager,

Shri / Smt / Kum _____

State Bank of India

_____ Branch

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 / RD Account / TDR / STDR etc
_____ accounts in your Branch as follows:-

No. Nature

of

Deposit

Account No. Amount \$

Rs Ps

Date of

Maturity

Nature of Liability

to the Bank, if any

Amount

Rs Ps

1)

1)

2)

2)

3)

3)

4)

4)

5)

5)

Total Amt

(1 to 5)

Total Amt (1 to 5)

₹ { 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 & discretion.

{* Strike out if not applicable.} Page 3

4. We furnish below the required information about the deceased & 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, Mohamedan 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) & age(s) of the living children of the deceased :

i) _____ Age _____ Years

II) _____ Age _____ Years

III) _____ Age _____ Years

IV) _____ Age _____ Years

j) Name(s) & 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) & age(s) of living brothers of the deceased :

I) _____ Age _____ Years

II) _____ Age _____ Years

(l) Name(s) & age(s) of living sisters of the deceased :

I) _____ Age _____ Years

II) _____ Age _____ Years

(m) Name(s) of the Minor(s) & 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) & 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 & 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 & belief the facts stated above are true & correct.*

Name in full & Address of the person

Signing the declaration _____

Place & Date _____

Signature with 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 balances exceeds Rs one lakh, the person furnishing the declaration will have to execute an affidavit as per the format enclosed COS 539 (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) _____

VIII) _____

(p) * A Letter of Disclaimer as per Annexure – A duly stamped & executed is enclosed.

* {Strike out if not applicable.}

(q) We propose the following surety (ies):

{ No surety required for amounts up-to Rs 10,000/-}

I)

Name & address: Shri / Smt / Kum _____

_____ Page 5

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 – I. 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 as per format enclosed (COS 540 Annexure – C). 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 receive 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 & 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.

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FOR OFFICE USE

Report of the Recommending Authority :-

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. The sureties are waived (Amounts up-to Rs. 10,000/-)* / 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 & Designation

(Recommending Authority)

Sanctioned & Control Return sent on -----.

Place : _____

Date : _____

Signature with date

Name & Designation

(Sanctioning Authority)

Disbursement & Record

Amount paid by banker's cheque No. _____ dated _____ for Rs. _____

(Rupees _____)

_____ and receipt obtained as per sanction

No. _____ dated _____. Documents kept in Branch Documents vide

item No. _____ page No. _____.

Place : _____

Date : _____

Signature with date

Name & Designation

(Disbursing Authority)

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

NOTE

1)

For detailed instructions, please refer to S&P Cir No. 16 of 2000-2001 for affixing stamp duty on Letter of Indemnity on form COS 540. A Letter of Indemnity on form COS 540 is to be stamped as an agreement. A Letter of Indemnity need not ordinarily be attested provided the executants 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. Page 7

2)

Where the executants / signatories of the documents are residents in different places / states the guidelines advised by Law Department 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 even 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 in 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.”

Annexure – A

(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 India

Dear Sir,

_____ * Account No. _____

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.

Sr. No.

Name(s) of the Claimants

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. S.B. / R.D. Term Deposit, Current etc.

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Form COS 539

Annexure – B

(To be duly stamped as per the

Stamp Act applicable to the State)

AFFIDAVIT

I / We (1) _____ Son of

_____ and (2) _____

Son of _____ residing at (1) _____

And (2) _____ do hereby make oath* / solemnly affirm and say as

follows :-

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:-

Name

Age

Relationship with

The deceased

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vii) _____

(viii) _____

(ix) _____

(x) _____

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 verify believe that the deceased has left certain deposits* / assets with the State Bank of India _____ Branch, to which the abovementioned 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 India _____ Branch, has agreed at our request to make payment of the amounts of the deposits / to deliver the assets to the abovementioned 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

1 _____

At this _____

Day of _____ in the

2 _____

Presence of _____

Before me

* (Delete whichever is inapplicable)

Judge / Magistrate / Notary

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Form COS 540

Annexure – C

(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 India _____

IN CONSIDERATION of your paying or agreeing to pay us,

Insert here the

1) _____

Name(s) of the

2) _____

claimants

3) _____

4) _____

5) _____

6) _____

The sum of Rupees _____ standing at the
credit of Savings bank / Current / R.D. 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 Duly to the effect that estate duly has been paid or will be paid or none is

due we,

Insert here the

1) _____

Name(s) of the

2) _____

Surety(ies)

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)