छत्तीसगढ़ ग्रामीण बैंक
CHHATTISGARH GRAMIN BANK
(Scheduled Bank Owned by Government)

Annex V- Claim form for Accounts with nominee(s) / survivorship clause

Application Form for Settlement of Claim in Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Deceased Customer (cases with Nomination or Joint Account with survivorship clause)

The Branch Manager Date:

Chhattisgarh Gramin Bank

Branch: _____

Madam/ Dear Sir,

Claim as *Nominee/ Survivor for Payment of Balances in the *Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody kept by Shri/ Smt./ Kum. _____ (Name of *Deceased/ Missing Customer)

I/ We _____ (Nominee(s)/ Survivor(s)) hereby declare that I am/ we are the *Nominee(s)/ Survivor(s)/ appointed as Guardian of a Minor Nominee/ Survivor in the *Deposit Accounts/ Safe Deposit Lockers/ Articles in Safe Custody kept by Shri/ Smt./ Kum. _____ (Name of Deceased/ Missing Customer) who *expired on _____/ is missing/ not traceable since _____.

2. I/ We furnish below the required information about the deceased customer:

(a) **Date and Place of Death** _____

(b) **Details of Death Certificate No**. _____ dated_____ Authority _____ (copy enclosed). (Original to be produced for verification)

(c) **Age** (as on the date of death): _____ Yrs.

(d) **Marital Status** (as on the date of death): Married / Unmarried/ Widow(er)

(e) **Address**:

_____

City/ District: _____ PIN: _____ State: _____ Country: _____

3. I/ We, therefore, submit my/ our Claim as Nominee(s)/ Survivor(s)/ Guardian on behalf of Minor Nominee/ Survivor for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers/ return of articles in safe custody kept by deceased customer as per details given below:

a. **Deposit Accounts**

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1.				
2.				
3.				
4.				
Total				

b. **Safe Deposit Locker No.** _____Mode of Holding:_____

Details of Articles (if known): _____

c. **Safe Custody Article Receipt No.** _____

Details of Articles (if known): _____

4. Details of Nominee(s)/ Survivor(s):

4.1 I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) in deposit accounts of the deceased to the account(s) given below:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address	Bank Name, Account Type & Number, and IFSC details
	Name	Address			
1					
2					
3					
4					

4.2 I/ We request the bank to *release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address
	Name	Address		
1				
2				
3				
4				

4.3 For the minor nominee(s)/ survivor(s), name of such nominee(s)/ survivor(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

5. I/ We undertake that

(i) I/ We shall hold/ receive the aforesaid amount/ articles in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.

(ii) The aforesaid *accounts/ safe deposit locker/ safe custody articles are not the subject matter of any dispute and that there is no Court order restraining me/ us from claiming or the bank from settling the claim in my/ our favour or otherwise.

(iii) I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased or any other dues payable to the bank, from the balance held by the Deceased in the aforementioned account(s).

6. I/ We have attached the following documents for the purpose of settlement of my/ our claim:

☐ *Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)

☐ Officially Valid Document in support of the identity and address of the Nominee(s)/ Survivor(s) making the claim.

Note: *Officially Valid Document" (OVD) means the passport, the driving license, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address*

7. The facts stated above are true and correct to the best of my/ our knowledge and belief.

8. Name and signature of the *nominee(s)/ survivor(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:

Sr. No.	Name of nominee(s)/ survivor(s)/ Guardian of Minor Nominee	Signature/ Thumb impression
1		
2		
3		
4		

Note: *In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the bank.*

Name and address of witness (in case of claimant(s) placing the thumb impression):

Signature of witness:

*(Delete whichever is not applicable)

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. ……..

Handed over contents/Articles of safe deposit locker/safe custody account/receipt to claimant and acknowledgement kept on record as part of the claim settlement.

Name
Designation

Place: ……..
Date: ……..

Signature with date Name & Designation
(Disbursing Authority)

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