



THE JUNAGADH COMM. CO-OP. BANK LTD.
CHANDRAKANT MALAVIA SMURTI BHAVAN', CHOKSI BAZAR,
JUNAGADH – 362 001

1. Accounts with Nomination clause or Joint account with survivor clause:

Sl. No.	Documents to be obtained
1	Copy of Death Certificate (Verified with Original).
2	Proof of Identity of the nominee (Such as Election ID Card, PAN Card or Passport or any other satisfactory proof of Identification acceptable to the Bank).
3.	Application to be used when account has nomination/ joint account with survivor clause – (Annexure – VI)
4	Receipt – (Annexure – VIII)
5	Declaration in case funds are settled in favour of a Minor – (Annexure – IX)

2. Accounts without Nomination or Joint account without survivor clause:

Sl. No.	Documents to be obtained
1	Copy of Death Certificate (Verified with Original)
2	Proof of Identity (Such as Ration Card, Election ID Card, PAN Card or Passport or any other satisfactory proof of Identification acceptable to the Bank or proof of authority of legal heir(s) Where ever applicable)
3.	Application to be used for other than nomination/joint account with survivor clause – (Annexure – VII)
4	Letter of Indemnity – (Annexure – X)
5	Letter of Disclaimer – (Annexure – XI)
6	Affidavit – (Annexure – XII)
7	Receipt – (Annexure – VIII)
8	Declaration in case funds are settled in favour of a Minor – (Annexure – IX)
9	Opinion Report on Surety – (Annexure – XIII)

ANNEXURE – VI

APPLICATION FOR DECEASED CLAIM

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

From

To Branch Manager,
The Junagadh Comm. Co-op. Bank Ltd.,
----- Branch.

Dear Sir,

Re: Deceased Account of Late Shri / Smt.....

Account No.....

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 of Shri.....

..... Residing at (Full Address)

..... 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 nominee. I / We receive the payment as trustee(s) of the legal heirs of the deceased.

B. In 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.

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)

Yours faithfully,

Place:

Date:

(Claimant(s))

Annexure – VII.

APPLICATION FOR DECEASED CLAIM

(To be used for cases other than (nomination / joint account with survivor clause))

From

To Branch Manager,
The Junagadh Comm. Co-op. Bank Ltd.,
----- Branch.

Dear Sir,

Re: Deceased Account of Late Shri / Smt.....
Account No.....

I / We advise the demise of Shri / Smt..... on
..... . He / She holds the above account (s) at your branch. The account is / are in
the name(s) 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 / We am / are the legal heirs of the above named
deceased and lodge my / our claim for payment as per the bank's rules and discretion. The
relevant information about the deceased and the legal heirs are as under.

1. Names in full of the parents of the deceased:

Father:.....

Mother:.....

2. Religion of the deceased:.....

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters
(viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-
parceners with their respective ages.

Full Name with Address	Occupation	Relationship with Deceased	Age
(I) -----			
(II)-----			
(III)-----			
(IV)-----			
(V)-----			
(VI)-----			

Annexure- VII.
Page No :2:

4. Name or Names of the Guardian (s):
..... of the minor children of the deceased
depositors.....

(A) Whether Natural Guardian/Court appointed Guardian:

(B) Whether Guardian appointed by a Court of Law in India, if so attach a certified copy or duly
attested copy of such Order:.....

(C) In whose custody the Minor / Minors is / are:

5. Claimant(s) name(s) and address in full:

- (i) _____
- (ii) _____
- (iii) _____

I / we submit the following documents. Please return the original death certificate to us after
verification.

1. Death Certificate (Original + Photocopy) issued by:.....

2. Letter of Indemnity:

We request you to pay the balance amount lying to the credit of the above named deceased to
.....
..... On my / our behalf.

I / We hereby solemnly affirm that the above statements are true and correct to the best of my /
our knowledge and belief.

Yours faithfully,

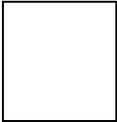
Name of the Claimant	Address	Signature
1		
2		
3		
4		
5		
6		

Place:
Date:

Annexure –VIII.

RECEIPT

Received with thanks from The Junagadh Comm. Co-op. Bank Ltd., _____
Branch, a sum of Rs. _____ (Rs. _____)
vide Banker's Cheque No. _____ dated _____ in favour of
_____ in full and final settlement of
my / our claim as successor on the balance in _____ Account(s) No(s).
_____ standing in the name of the deceased Shri /
Smt. _____
_____. I / we do not have any other claim from the Bank henceforth.



Place:
Date:

(Signature of all legal heirs Over a revenue stamp)

Annexure -IX.

DECLARATION IN CASE FUNDS ARE SETTLED IN FAVOUR OF A MINOR

I _____ father and natural guardian
of _____ hereby certify that the proceeds of your
Banker's Cheque No. _____ dated _____ favouring
_____ issued by you in settlement of the balance in
account number _____ of Late _____
_____ will be utilized for the benefit of the minor only.

Signature of Natural Guardian or
Guardian appointed by the Court.

Annexure – X.

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

**LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF BALANCE IN THE DECEASED
CONSTITUENTS ACCOUNT WITHOUT PRODUCTION OF LEGAL REPRESENTATION**

To
The Branch Manager,
The Junagadh Comm. Co-op. Bank Ltd.,
.....Branch.

IN CONSIDERATION OF YOUR PAYING OR AGREEING TO PAY ME / US.

- 1). _____
- 2). _____
- 3). _____
- 4). _____

(Insert here the name(s) of the Claimants)

The sum of Rupees. _____ (Rupees. _____)
Standing at the credit of Savings Bank / Current Account / R.D. / T.D Account etc.,
No. _____ with your bank in the name of Shri. / Smt.

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 I / we 1. _____, 2. _____, do hereby for myself / ourselves and my / our heirs, legal representatives, executors and administrators jointly and severally UNDERTAKE TO 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 consequences of your having agreed to pay or paying me / us the said sum as aforesaid.

SIGNED AND DELIVERED
BY the above named on this _____ day of
_____ two thousand _____.

- 1. _____ 2. _____
 - 3. _____ 4. _____
- (Heirs / Claimants of the deceased)

- 1. _____, 2. _____
- (Signatures of Sureties)

Annexure – XI.

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

LETTER OF DISCLAIMER

To
The Branch Manager,
The Junagadh Comm. Co-op. Bank Ltd.,
_____ Branch.

Dear Sir,

Re: Account No. _____ in the name of Late. Shri / Smt. /
Kum. _____ Balance Rs.
_____ With reference to the above account(s), I / we 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 Late Shri / Smt. / Kum. _____ (Name of the
deceased account holder) to Shri / Smt. / Kum. 1. _____ 2.

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 doing so if any proceedings. I / we also
undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration
made herein.

Sl. No.	Name(s) of the Claimant(s)	Age	Signature
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

Signed before me on This _____ day of _____ Two thousand _____.

Seal

Notary Public / Magistrate.

Annexure – XII.

(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 take oath* / solemnly affirm and say as follows:

1. That Shri / Smt. / Kum _____
(Herein after referred to as the deceased) died intestate on _____ at
_____.

2. That we know the deceased and his/her family since the last _____ years.

3. That at the time of his/her death the deceased left surviving him/her 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 intestate succession.

SI No. NAME AGE Relationship with the Deceased.

- 1) _____.
- 2) _____.
- 3) _____.
- 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 Junagadh Comm. Co-op. Bank Ltd. _____ 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 The Junagadh Comm. Co-op. Bank Ltd. _____ 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 _____ two
thousand _____ In the
presence of _____

- 1. _____
- 2. _____

SEAL

Judge / Magistrate / Notary.

Annexure – XIII.

OPINION REPORTS ON THE SURETY NO.

1. Name in full :
2. Address:
3. Academic Qualifications:
4. Age:
5. Occupation:
(If employed, Please state the name of the employer and since when employed)
6. Present monthly income / salary (Attach the Salary certificate, if income is by way of salary)
7. Number of Dependents:
8. Personal Assets:
 - A) Immovable property viz., land/building/flat
Etc. give details acquisitions, present value etc
 - B) Investments (Fixed Deposits, Shares etc. if any.
 - C) Life Insurance policies if any:
 - D) Other Assets:
 - E) Details of bank accounts, if any (Name and Address of bankers with account numbers (Current/ Savings) to be furnished.
9. Personal Liability if any:
10. Please indicate whether surety id related
To the Claimants (Yes / No)
11. Period for which claimants are known.

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place:

Date:

Signature of the Surety

Remarks of the Divisional Manager / Branch Manager.

Date:

Branch Manager.