

INDEX

Sr. No.	Details	Page No.
1.	Objective	2
2.	Settlement of claims in various types of operational instruction	2
3.	Form 1: Application for Deceased Claim (To be used when a account has nomination or is a joint account with survivor clause)	4
4.	Form 2: Application for Deceased Claim (To be used for cases other than nomination/joint account with survivor clause)	6
5.	Form 3 - Affidavit cum Indemnity Letter	8
6.	Form 4 - Receipt	10
7.	Form 5 - Form of Inventory of Contents of Safety Locker Hired from Banking Company (To be used where there is nomination or survivorship clause)	11
8.	Form 6 - Form of Inventory of Contents of Safety Locker Hired from Banking Company (To be used where there is no nomination or survivorship clause)	13
9.	Form 7 - HUF Affidavit cum Indemnity Letter	15

1. OBJECTIVE

This document describes the process that will be followed by the Bank for payment of the balance (to the clear credit of the deceased account holder/missing person) to the claimant/legal heirs/nominee/survivor (shortly referred as 'Claimant(s)') or releasing of contents in the locker or treatment of pipeline flows (i.e. flows after the death of account holder and before the account is normalized) upon receipt of information of death of an account holder or that the account holder is missing, in line with RBI Circular RBI/2015-16/59 DBR No.Leg.BC. 21/09.07.006/2015-16 dated July 01, 2015 as amended from time to time.

2. SETTLEMENT OF CLAIMS IN VARIOUS TYPES OF OPERATIONAL INSTRUCTION

For Savings and Deposit Accounts With Nomination

Scenario	Account in the Name of	MOP of Account	Nominee	Situation	What is to be done
1	A	Self	C	C deceased	A can change the nomination
2	A	Self	C	A deceased	C will receive the outstanding amount
3	A, B	Either or Survivor / Former or Survivor		A deceased	Balance outstanding will be payable to B or if B wishes to continue the account, A can be deleted and account can be continued*
4	A, B	Either or Survivor / Former or Survivor	C	B deceased	Balance outstanding will be payable to A or if A wishes to continue the account then B can be deleted and account can be continued* In case of Former or Survivor, A can delete B and continue with account* or close the account
5	A, B	Either or Survivor / Former or Survivor	C	A & B deceased	C will receive the outstanding amount
6	A,B	Jointly	C	A deceased	Payable to B and legal heirs of A jointly, as per declaration in Form 3
7	A,B	Jointly	C	B deceased	Payable to A and legal heirs of B jointly, as per declaration in Form 3
8	A, B	Jointly	C	A & B deceased	Payable to C
9	A minor u/g B	Under Guardian	C	A deceased	Payable to B and account has to be closed.
10	A minor u/g B	Under Guardian	C	B deceased	C will receive the outstanding balance and account has to be closed.
11	A minor u/g B	Under Guardian	C	A & B deceased	C will receive the outstanding balance and account has to be closed.

* Account can be continued only if survivor doesn't have account with same MOP with us, else account has to be closed.

For Savings and Deposit Accounts Without Nomination

Scenario	Account in the Name of	MOP of Account	Situation	What is to be done?
1	A	Self	A deceased	Outstanding will be payable to the legal heirs or any one of them mandated by all of the legal heirs as per Form 3
2	A, B	Either or Survivor	A deceased	Balance outstanding will be payable to B or if B wishes to continue the account, A can be deleted and account can be continued*
3	A, B	Either or Survivor	B deceased	Balance outstanding will be payable to A or if A wishes to continue the account then B can be deleted and account can be continued*
4	A, B	Either or Survivor	A & B deceased	Jointly payable to legal heirs of both A & B or any one of them as mandated by all the legal heirs as per Form 3
5	A,B	Jointly	A deceased	Jointly payable to B and legal heirs of A or any of them as mandated by all the legal heirs as per Form 3
6	A,B	Jointly	B deceased	Jointly payable to A and legal heirs of B or any of them as mandated by all the legal heirs as per Form 3
7	A, B	Jointly	A & B deceased	Jointly payable to legal heirs on both A & B or any of them as mandated by all the legal heirs as per Form 3
8	A minor u/g B	Under Guardian	A deceased	Payable to B and account has to be closed
9	A minor u/g B	Under Guardian	B deceased	Payable to surviving natural guardian or court appointed guardian as per form 3
10	A minor u/g B	Under Guardian	A & B deceased	Payable to surviving natural guardian or in absence of natural guardian, closure proceed to be payable to legal heir as per form 3.

* Account can be continued only if survivor doesn't have account with same MOP with us, else account has to be closed.

For Current Accounts of Individuals / Sole Proprietors

Account in the name of	Customer Type	MOP	Nomination	Situation	What all is possible?
A OR In the name of the firm where A is proprietor	Individual / Sole proprietor	Self	X	A dies	Balance outstanding will be paid out to X; with interest (on actual outstanding balance) from the date of death of A till the claim settlement date at the rate of interest applicable to savings deposit as on the date of payment.
A OR In the name of the firm where A is proprietor	Individual / Sole proprietor	Self	NO nomination	A dies	Outstanding will be payable to the legal heirs or any one of them mandated by all of the legal heirs; with interest (on actual outstanding balance) from the date of death of A till the claim settlement date at the rate of interest applicable to savings deposit as on the date of payment.

For Locker Accounts With Nomination

Scenario	Locker in the Name of	MOP of Account	Nominee	Situation	What is to be done?
1	A	Self	C	C deceased	A can change the nomination
2	A	Self	C	A deceased	C will be given access to the locker and liberty to remove contents
3	A,B	Jointly	C	A deceased	B and C will be given access to the locker and liberty to remove contents
4	A,B	Jointly	C	B deceased	A and C will be given access to the locker and liberty to remove contents
5	A, B	Jointly	C	A & B deceased	C will be given access to the locker and liberty to remove contents
6	A,B	Jointly	C, D	A deceased	B along with C & D will be given access to the locker and liberty to remove contents
7	A,B	Jointly	C, D	B deceased	A along with C & D will be given access to the locker and liberty to remove contents
8	A, B	Jointly	C, D	A & B deceased	C & D jointly will be given access to the locker and liberty to remove contents

For Locker Accounts Without Nomination

Scenario	Account in the Name of	MOP of Account	Situation	What is to be done?
1	A	Self	A deceased	Legal heir of A or any one of them mandated by any of them
2	A, B	Either or Survivor	A deceased	B will be given access to the locker and liberty to remove contents
3	A, B	Either or Survivor	B deceased	A will be given access to the locker and liberty to remove contents
4	A, B	Either or Survivor	A & B deceased	Legal heirs of A & B will be given access to the locker and liberty to remove contents
5	A,B	Jointly	A deceased	B and legal heirs of A jointly or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents
6	A,B	Jointly	B deceased	A and legal heirs of B jointly or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents
7	A, B	Jointly	A & B deceased	Legal heirs of A & B or any one of them as mandated by legal heirs will be given access to the locker and liberty to remove contents

FORM 1 - APPLICATION FOR DECEASED CLAIM

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

From,

To

The Branch Manager,
IDFC FIRST Bank _____ Branch

Dear Sir,

Re: Deceased Account

Type of Account Held

<input type="checkbox"/> Savings	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
<input type="checkbox"/> Current	Account No 1	<input type="text"/>						
	Account No 2	<input type="text"/>						
	Account No 3	<input type="text"/>						
<input type="checkbox"/> Deposit	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
<input type="checkbox"/> Locker	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		

(If there are more than 3 account under any of the types above, pl mention separately)

Late Shri/Smt _____ Account No (s)

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 _____ am

the registered nominee in the above account (s)

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 the claim. Please settle the balance in the account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heirs of the deceased.

B. In the 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.
- I/We am/are the surviving account holders(s) and I/We hereby request you to close the aforesaid account(s) and settle the available balance amount including up to date applicable interest in the deceased depositor's account(s) in the name of the survivor(s).

Death Certificate issued by _____

Identity proof (required in nomination cases) _____

Yours faithfully,

Place _____

Claimant(s) _____

Date

D	D

M	M

Y	Y	Y	Y

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

Signature of the Branch Official

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-

FORM 2 - APPLICATION FOR DECEASED CLAIM

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

To
The Branch Manager,
IDFC FIRST Bank _____ Branch

From,

Dear Sir,

Re: Deceased Account

Type of Account Held

<input type="checkbox"/> Savings	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
<input type="checkbox"/> Current	Account No 1	<input type="text"/>						
	Account No 2	<input type="text"/>						
	Account No 3	<input type="text"/>						
<input type="checkbox"/> Deposit	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Minor Under Guardian
<input type="checkbox"/> Locker	Account No 1	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		
	Account No 2	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		
	Account No 3	<input type="text"/>	MOP	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Jointly		

(If there are more than 3 account under any of the types above, pl mention separately)

Late Shri/Smt _____ Account No (s) _____

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: _____

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died in testate.

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/Address	Occupation	Relationship with Deceased	Age

4. Name or names of the Guardian/s of the minor, Children of the depositors _____

(a) Whether Natural Guardian (b) Whether Guardian appointed by 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 + 1 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.

Place _____

Yours faithfully,

Name of Claimant _____

Signature of Claimant (s)

Address _____

Signature

Date
D D M M Y Y Y Y

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

Signature of the Branch Official

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-

FORM 3 - AFFIDAVIT CUM INDEMNITY LETTER

In respect of payment of balance in accounts/contents of safe locker of deceased person;
(To be stamped with the duty payable for affidavit & Indemnity bond)

I/We Mr/Ms/Miss (name/names of the claimants), _____ (s/o, w/o, d/o), _____
aged _____ living at _____ do hereby solemnly affirm and state as follows.

1. I/We am/are the legal heirs of Joint holder/ nominee Mr/Ms/Miss _____ (name of deceased account holder)

and the deceased is my/our _____ (father/mother/wife/husband/son/daughter etc.)

2. I/We further state that I/we the following legal heirs are the only legal heirs entitled to claim the balance deposit/amount/ jewels/ ornaments and other valuables the contents held in the locker/safe custody:

S. No.	Name	Age (years)	Relationship with Deceased

3. I/We further state that the deceased was holding an account (hereinafter referred to as "the account") (specify the account details) _____ in _____ branch of _____ bank (herein after referred to as "the Bank").

At the time of claim submission by the claimant, deceased account was having a credit of ₹ _____ (balance amount in the account) as on Date _____. Interest if any will be calculated till the date of settlement and the total amount (balance + interest) will be settled in favor of the claimant.

4. I/We affirm that I/We am/are the sole legal heirs of the deceased who are entitled to receive the amount standing in the credit of the account belonging to the deceased.

5. I/We have requested the bank to make the payment of the amount standing in the credit of the account belonging to the deceased together with interest thereon as applicable to Shri/Smt. _____ being one of the legal heirs for and on behalf of all the legal heirs.

OR

I/We have requested the bank to hand-over contents of the safe deposit locker/items held in safe custody to

Shri/Smt. _____ being one of the legal heirs for and on behalf of all the legal heirs.

6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/we agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased.

7. I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the bank, its successors and assigns and its managers, agents, officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody.

All the averments made herein before are true and correct and I/we put my/our signature/mark on this _____ day of _____ 200_____ at _____ in the presence of _____

Signatures(s) of Deponents. (Claimants)

Signature of Witness

Affidavit to be attested by Notary Public.

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

SR Closure Date:

Interest Amount: ₹

Total Amount Settled: ₹

Signature of the Branch Official

Settlement Date:

D D M M Y Y Y Y

 Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-

FORM 4 - RECEIPT

Select the mode through which the funds needs to be remitted to survivor(s) / nominee / legal heir(s)

 Transfer to Existing IDFC FIRST Bank Account

 Account Holder Name:

 Account Number:
 Transfer to other Bank Account through NEFT / RTGS

 Beneficiary Name:

 Beneficiary Account Number:

 IFSC Code:
 Demand Draft

 DD Number:

 Issued in favour of name:

 Received with thanks from IDFC FIRST Bank, branch, a sum of ₹
 (Rupees only) which includes balance in the account as on
 (date on which claim has been submitted to the Bank) + Interest till the date of settlement (if any)

 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./Kum. I/we

do not have any other claim from the Bank henceforth.

 Place

 Date
D D M M Y Y Y Y

(Signature of all the legal heirs / nominee / surviving holder to be obtained over a revenue stamp)

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.

FOR BANK USE ONLY

 Service Request No.

 Employee ID

 Name of the Branch official

 Sourcing Branch Code

 SR Closure Date:

 Interest Amount: ₹

 Total Amount Settled: ₹

 Settlement Date:
D D M M Y Y Y Y

Signature of the Branch Official

 Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

 Reviewer Employee ID -

 Name of the Reviewer-

 Signature of the Reviewer-

FORM 5 - FORM OF INVENTORY OF CONTENTS OF SAFETY LOCKER HIRED FROM BANKING COMPANY

(Section 45ZE (4) of the Banking Regulation Act, 1949)
(To be used where there is nomination or survivorship clause)

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____

*hired by Shri/Smt. _____ (deceased) in his/her sole name.

*hired by Shri/Smt. (i) _____ (deceased)

(ii) _____ Jointly (iii) _____

was taken on this _____ day of _____ 20_____

S. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving heirs

- By breaking open the locker under his/her/their instructions.
 Who produced the key to the locker. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

and

Shri/Smt. _____ Survivors of joint heirs (Signature)

Address _____

Shri/Smt. _____

Address _____ (Signature)

2. Witness (es) with name, address and signature:

*I, Shri/Smt. _____ (Nominee) _____

*We, Shri/Smt. _____ (Nominee),

Shri/Smt. _____ and Shri/Smt. _____ the survivors of the joint heirs, hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee) _____

Shri/Smt. _____ (Survivor) _____

Signature _____ Date _____ & Place _____

Shri/Smt. _____ (Survivor) _____

Signature _____ Date _____ & Place _____

NOTE: It is made clear that access to locker is given to survivor(s)/nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s)/nominee(s) shall not affect the right or claim which any person may have against the survivor(s)/nominee(s) to whom the access is given.

ACKNOWLEDGEMENT

*I, Shri/Smt. _____ Nominee/and the surviving heirs

*We, Shri/Smt. _____ Nominee/and the surviving heirs

Shri/Smt. _____

_____ Nominee/and the surviving heirs hereby acknowledge the receipt of the contents of the safety locker comprised in ad set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee/and the surviving heirs)

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Date _____ Place _____ (*Delete whichever is not applicable)

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

Signature of the Branch Official

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-

FORM 6 - FORM OF INVENTORY OF CONTENTS OF SAFETY LOCKER HIRED FROM BANKING COMPANY

(To be used where there is no nomination or survivorship clause)

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____

*hired by Shri/Smt. _____ (deceased) in his/her sole name.

*hired by Shri/Smt. (i) _____ (deceased)

(ii) _____ Jointly (iii) _____

was taken on this _____ day of _____ 20_____

S. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir/mandate holder

- By breaking open the locker under his/her/their instructions.
 Who produced the key to the locker. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (legal heir/mandate holder) _____

Address _____ (Signature)

Shri/Smt. _____ (legal heir/mandate holder) _____

Address _____ (Signature)

and

Shri/Smt. _____ legal heir/mandate holder (Signature)

Address _____

Shri/Smt. _____

Address _____ (Signature)

2. Witness (es) with name, address and signature:

*I, Shri/Smt. _____ (legal heir/mandate holder) _____

*We, Shri/Smt. _____ (legal heir/mandate holder),

Shri/Smt. _____ and Shri/Smt. _____ the legal heir/mandate holder hereby

acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

ACKNOWLEDGEMENT

*I, Shri/Smt. _____ legal heir/mandate holder

*We, Shri/Smt. _____ legal heirs and
Shri/Smt. _____

_____ legal heirs hereby acknowledge the receipt of the contents of the safety locker
comprised in ad set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Legal Heir/Mandate Holder)

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Date _____ Place _____ (*Delete whichever is not applicable)

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

Signature of the Branch Official

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-

FORM 7 - HUF Affidavit cum Indemnity Letter**Affidavit cum Indemnity**

(For allowing operation in HUF accounts in case of death of Karta)

We,

- 1) Sh/Smt* _____ Son/daughter/husband/ wife of/widow of Sh _____ R/O _____ ;
- 2) Sh/Smt* _____ Son/daughter/husband/ wife of/widow of Sh _____ R/O _____ ;
- 3) Sh/Smt* _____ Son/daughter/husband/wife of/widow of Sh _____ R/O _____
- 4) Sh/Smt. _____ son/daughter/widow of Sh _____ R/O _____ and
- 5) Sh/Smt. _____ son/daughter/widow of Sh _____ R/O _____ (hereinafter called as `the Coparceners`)

hereby state, declare, confirm and undertake as under:

- a) That Late Sh _____ son of Shri _____ resident of _____ was the Karta of _____ {hereinafter called as "HUF"} and was operating bank account of HUF bearing No. _____ with the bank at branch Office _____
- b) That Shri _____ i.e. said Karta of said HUF expired on _____ and the said coparceners are the only surviving members/coparceners of said HUF
A copy of the death certificate has since been submitted to the Bank.
- c) That Mr./Ms. _____ is a coparcener of the said HUF and he/she has been unanimously appointed as the new Karta of the said HUF to take care of the day to day affairs of the said HUF including but not limited to the banking operations of the said HUF;
- d) That the coparceners have requested the Bank to delete the name of the deceased Karta of the said HUF and replace the same with the name of newly appointed Karta Mr./Ms. _____ and (i) to allow operation in the above said bank account or (ii) to close the said bank account and remit the proceeds of the said bank account in favour of the said newly appointed Karta.
- e) That in pursuance to the request of the coparceners the bank has updated its records with the name of the newly appointed karta allowing to operate the above said bank account. ,
- f) That the Bank has agreed to settle the claims relying on this affidavit and the said coparceners agree to indemnify the bank in respect of such settlement, payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased.
- g) That the bank, its successors and assigns and its managers, agents, officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody.

All the averments made herein before are true and correct and I/We put my/our signature/mark on this _____ Day of _____ 200_____ at _____ in the presence of _____.

Signatures(s) of deponents. (Coparceners)

Signature of Witness

Affidavit to be attested by Notary Public.

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch official

Sourcing Branch Code

Signature of the Branch Official

Survivor(s) / Nominee / Legal Heir(s) signed in my presence

Documentation reviewed by as per below grid:

Deceased Claim Settlement Amount (Includes Balance in SA and Deposits, where deceased is a holder)	Documents to be reviewed by
< 5 Lakhs	Branch Manager
>=5Lakhs to <20Lakhs	Cluster Head or Region Head
>=20 Lakhs	Region Head

Reviewer Employee ID -

Name of the Reviewer-

Signature of the Reviewer-