

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

Date:

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From

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Place:

To

The Branch Manager

Ujjivan Small Finance Bank Ltd.,

..... Branch

.....

Dear Sir/Madam,

Re: **Account No:** **of Late Mr./Mrs./Ms.**

I/We inform you the sad demise/ is missing/ not traceable of Mr./Mrs./Ms.

on (DD/MM/YY) .

1. 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:

2. He/she holds the following accounts at your branch. 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 kept by deceased customer as per details given below:

Late Shri / Smt / Kum was maintaining following Accounts / safe deposit locker in your Branch:

a. Deposit Accounts:

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

b) Safe Deposit Locker No. **Mode of Holding**

3. In case of Nomination:

I am:

a) the registered nominee in the above account(s).

OR

b) 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.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

a) Death Certificate dated issued by

b) Identity Proof (of Claimants) (Officially Valid Document 1 in support of the identity and address of the Nominee(s)/Survivor(s) making the claim)

Please settle the balance in the account/ release the contents of safe deposit lockers in the name of the nominee. I/we receive the payment as trustee(s) of the legal heirs of the deceased.

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

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.	Name of Claimant	Bank Name and A/c No	IFSC	Branch Details
1				
2				
3				
4				

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 Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email ID of the Guardian
1						
2						
3						
4						

4. 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 mode of operation might change basis the number of account holders.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

- a) Death Certificate dated issued by
- b) Identity Proof (of Claimants) (Officially Valid Document in support of the identity and address of the Nominee(s)/Survivor(s) making the claim)

5. I/ We undertake that

- (i) I/ We shall hold/ receive the aforesaid amount/ payment 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 lockers 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 customer or any other dues payable to the bank, from the balance held by the deceased customer in the aforementioned account(s).

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

Yours faithfully,

.....
Signature(s)

Name(s) of the Claimant(s) who will receive the balance payable/ contents in safe deposit locker.

Sr. No.	Name of / Guardian of Minor Claimant	Signature/ Thumb impression
1		
2		
3		
4		

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

Signature of witness