

CLAIM FORMAT

To,
The Branch Manager,
State Bank of India,
-----Branch.

Address for correspondence:
Shri / Smt / Kum-----
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 \$		Date of Maturity	Nature of Liability to the Bank, if any	Amount	
			Rs	Ps			Rs	Ps
1)						1)		
2)						2)		
3)						3)		
4)						4)		
5)						5)		
	Total Amt	(1 to 5)				Total Amt (1to 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.}

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 the 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) -----
- XI) -----

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):

I) Name & address: Shri / Smt / Kum-----

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

Report of the Recommending Authority: -

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. 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.)

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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 executant 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.

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 event 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 is 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.”

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(Claim Format Revised 30/12 Cir S & P / 09/2003-2004)