

REVISED CLAIM FORMAT

To,
The Branch Manager,
State Bank of India,

Address for correspondence
Shri / Smt / Kum-----

Address: -----

Contact No _____

email Address _____

Date:

Dear Sir/ Madam,

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 Amount (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, Mohamedanetc)

(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:

S. No	Name	Age in yrs
I		
II		
III		
IV		

(j) Name (s) & age (s) of the living Grand Children of the deceased:
{Children of only predeceased son or daughter}

S. No	Name	Age in yrs
I		
II		

(k) Name (s) & age (s) of living brothers of the deceased:

S. No	Name	Age in yrs
I		
II		

(l) Name (s) & age (s) of the living sisters of the deceased:

S. No	Name	Age in yrs
I		
II		

(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.}

S. No	Name of the Minor Claimant(s)	Date of Birth
I		
II		

(2) Name (s) of the Guardian (s) & Relationship with the Minor Claimant (s) above.

S. No	Name of the Guardian	Relationship with Minor
I		
II		

(n) Shri / Smt / Kum -----i.e. the person furnishing the declaration below / the affidavit (Annexure 'B') knows our family for last-----years and is unconnected with our family.

Name (s) in full, address of the heir (s)

S. No	Name of the Legal Heir	Address
I		
II		
III		
IV		
V		
VI		
VII		
VIII		
IX		
X		

I know the deceased and his/her 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 person well known to the family of the deceased but unconnected with it and acceptable to the Bank.)*

*(Where the amount of the claim for balances exceeds *Five 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:

S. No	Name	Age in yrs
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):

{No surety required for amounts up-to 5,00,000/-}

S. No	Name of the Surety	Address
I		
II		

{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 Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State.}

(I / We declare that the facts stated above are true and correct to the best of my / our knowledge and belief.)

5. The amount of claim settled including up to date applicable interest may kindly be credited to my account standing in the name of _____ S/D/O _____ maintained with _____ Bank _____ Branch in India.

Signature (s) of the claimant (s) who will receive the amount

S. No	Name of the Claimant	Signature
I		
II		
III		
IV		
V		
VI		

Place _____

Date _____

{To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a “Letter of Disclaimer” as per the format enclosed (Annexure – A) and will be stamped according to the Stamp Act in force in the respective State.}

(Please note that the claimants will have to sign the receipt for having received the claim amount where proceeds are paid by way of Bankers Cheque.)

Encl: As above

{**Note:**The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Representation in case there are disputes among legal heirs & all of them do not join in indemnifying the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer.}

(If the space provided is insufficient, please use additional sheet)

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.5,00,000/-)* / Suret(y/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 of Rs.-----

(Rupees-----

----- paid

byway of Banker's cheque No. _____ Dated _____ and receipt obtained.

Or

Credited to claimant's Account No _____ maintained with _____ Branch and copy of statement of account carrying the relevant entry maintained on record as part of the claim settlement.

Or

Credited to claimant's Account No _____ maintained in India with _____ Bank, _____ Branch at _____ through RTGS/NEFT vide UTR No _____ dated _____ and copy of acknowledgement of electronic transfer credit maintained on record as part of the claim settlement.

As per sanction No. _____ Dated _____ and claim 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.)

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.”

Claim Format Revised Cir S & P /10/2014-2015