



Head Office: 66, Rajaji Salai,
Post Box No. 1384, Chennai – 600001.

To be filled up by the
Head Office

CLAIM FORM

CLAIM NUMBER:

BRANCH:

(Please see instructions in Page 6 for filling up the form)

<p>1. DEPOSITOR</p> <p>a. Name</p> <p>b. Age</p> <p>c. Address</p> <p>d. Status (Married or Unmarried)</p> <p>e. Religion (If a Mohammedan, state whether Shia or Sunni)</p>	
<p>2. Date of Death of Depositor (Authenticated death certificate to be enclosed)</p>	
<p>3. Account(s) held by the Depositor</p> <p>a. Nature of Account(s) such as Current/SB/FD/RD/RIP/Agastiya / Jewel Loan etc., and Balance in the Account(s) to be furnished. (In case of Time Deposits due dates to be furnished)</p> <p>b. Documents in proof of amount(s) claimed to be produced to the Branch Office.</p>	

4. CLAIMANAT (S)

Name	Age	Relationship to the deceased	Occupation and address
<p>5. If the deceased is a Hindu or Muslim male, whether he is survived by his mother?</p> <ul style="list-style-type: none"> ➤ If so, her name and address to be furnished ➤ If not alive, the date of her death to be given <p>6. Is the amount claimed</p> <ul style="list-style-type: none"> a. The coparcenary property or the separate property or interest in the property of a Tarwari, Tavazhi or Iliom or interest in the property of Kutumba of Kavaru or Stridanam property. b. If a Coparcenary property the names and addresses of the coparceners to be furnished. 			

<p>7. If the deceased is a Hindu female, whether the amount claimed is from her father or mother or from her husband or father-in-law.</p>	
<p>8. If the deceased is a Mohammedan the names of the sharers, residuaries and distant Kindred of the deceased with their respective shares to be furnished.</p>	
<p>9. PROOF OF CLAIMANT'S TITLE</p> <p>a. Whether by Inheritance or</p> <p>b. Whether by bequest under a will (authenticated copy to be furnished)</p> <p style="padding-left: 40px;">i. If so, the name(s) of the executor(s) if any appointed under the will to be given or</p> <p style="padding-left: 40px;">ii. Whether Succession certificate /Probate/ Letters of Administration obtained by the claimant or (the same to be produced)</p> <p style="padding-left: 40px;">Whether by Gift or Settlement (Document in proof thereof to be produced)</p>	

I/We hereby solemnly affirm that all the particulars furnished above are true, that no part of it is false and that no information/particulars have been concealed and

that I am/we are the only heir(s) and/or Legal Representative(s) of the deceased and there is no other claimant respect of the amount(s) claimed herein.

Place:

Date:

Signature of claimant(s)

Witnesses:

1. Signature.....

Name: -----

Occupation:-----

Address:.....

.....

.....

.....

2. Signature.....

Name: -----

Occupation:-----

Address:.....

.....

.....

.....

Manager's Report:

Note: Before giving the report, the Manager should,

- i. See that all the columns in the claim form are filled in with specific answers.
- ii. Check up and certify as to the correctness of the particulars furnished in column 3 of the form and
- iii. Check up, obtain and send all the documents required to be sent along with the form.

Date:

Manager

INSTRUCTIONS FOR FILLING UP THE CLAIM FORM

1. All the columns should be filled in with specific answers
2. The form should be signed by all the heirs/claimants of the deceased.
3. If there are minor heir/s claimant/s, they should be represented by their legal guardian.
4. If any of the heir/s claimant/s sign in any language other than the language(s) in which the claim form is printed or affix his/her thumb impression, the same should be duly attested by a Magistrate/Notary Public under his official seal.
5. Letter from two respectable persons certifying to the correctness of the particulars furnished by the claimants in the claim form should be sent along with the claim form.

VOUCHING LETTER

From

Place:

Date:

To

The Manger,
Indian Bank,

.....Branch.

Dear Sir,

Re: Claim to the balance in theaccount(s)
standing in the name of late.....

I know late Shri/Smt.....and
the members of his/her family very well for the pastyears.
He/She passed away onHe/She is survived by the
under mentioned persons as his/her heirs:

Name	Age	Relationship to the deceased

I have gone through the claim form to which this letter is appended and I hereby certify that the particulars furnished by the claimant(s) in the claim form are true and correct to the best of my knowledge and information.

Yours faithfully,

VOUCHING LETTER

From

Place:

Date:

To

The Manger,
Indian Bank,

.....Branch.

Dear Sir,

Re: Claim to the balance in theaccount(s)
standing in the name of late.....

I know late Shri/Smt.....and
the members of his/her family very well for the pastyears.
He/She passed away onHe/She is survived by the
under mentioned persons as his/her heirs:

Name	Age	Relationship to the deceased

I have gone through the claim form to which this letter is appended and I hereby certify that the particulars furnished by the claimant(s) in the claim form are true and correct to the best of my knowledge and information.

Yours faithfully,

CONSENT LETTER

From

Place:

Date:

To

The Manager,
Indian Bank,

.....Branch.

Dear Sir,

Re: Claim to the balance in theaccount(s)
standing in the name of late.....

I am writing this to inform you that mySri/Smt.
.....passed away on
leaving behind him as his/her heirs, the under mentioned persons.

Name	Age	Relationship to the Deceased
1.		
2.		
3.		
4.		
5.		

The amount(s) /Jewels claimed under the above deposit/s account forms part of the assets of the deceased. I am entitled to a share in his/her assets.

I hereby declare that I have no objection to the entire balance in the accounts/ jewels (including my share) being paid/ delivered over to my.....
Sri /Smt.....I therefore accord my consent to the balance in the accounts/ jewels being paid over/ released to him/ her. I further state

that the discharge given by the said Sri/ Smt..... in respect of the said deposits/ accounts shall be as effective as if the same is given by me and binding on me.

Yours faithfully,

N.B.: In the case of thumb impression/ signature in any language other than the language(s) in which the claim form and other papers are printed, the same should be duly attested by a Magistrate or Notary under his official seal. While doing so, the attesting official should state that the contents have been explained to and understood by the signatory.



..... Branch

Identity Card for claimant(s)

Name of the Deceased.....

1	2	3	4
Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant
..... (Signature of the claimant/s) (Signature of the claimant/s) (Signature of the claimant/s) (Signature of the claimant/s)

5	6	7	8
Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant	Passport size photograph of the claimant
..... (Signature of the claimant/s) (Signature of the claimant/s) (Signature of the claimant/s) (Signature of the claimant/s)

The claimants who are personally known to us and whose photos are affixed above have signed the claim form in our presence and also signed in this card in ours presence on DD/MM/YY at

Witnesses:

1.

2.

Name & address:

Name & address: