

Affidavit cum Indemnity Letter

(to be sworn in and attested before a 1st class Magistrate)

In respect of payment of balance(s) in the accounts of the deceased person

(to be stamped with the duty payable for affidavit & Indemnity Bond)

I/We Mr/Ms/Miss (name/names of the claimants)

Address.....age

d.....do hereby solemnly affirm and state as below:

1. I/we am/are the legal heirs of Mr/Ms/Miss (name of the 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 said money(s)..... lying at the credit of SB/Current/Term Deposit/RD account no:.....

Sl. No	Name	Age	Relationship to the deceased

3. I/We affirm that I/We am/are the sole legal heirs of the deceased who are entitled to receive the money(s) in the said Accounts belonging to the deceased.
4. 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 of money(s) lying in said accounts of the deceased, against any claim made by any person.
5. 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 ad 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 payment of money(s) towards settlement of claims for the said deposits, Accounts held at your Bank.

All the averments made herein before are true and correct and I/we put my/our signature/mark on this.....day of.....20.....at.....in the presence of.....

Signature(s) of the Deponents (claimants)

Solemnly affirm and signed before me

at this date.....of.....

Advocate :

Before me (1st class Magistrate)

RECEIPT

Received with thanks from Kangra Co-operative Bank.....(branch), a sum of
Rs..... (Rupees.....only)
by Banker's Cheque No./Account credit.....dated.....in
favour ofin full and final settlement
of my/our claim as successor on the balance inAccount(s) No.....
standing in the name of the deceased Mr/Ms/Miss.....
I/We do not have any other claim from the bank henceforth.

Place:

Date:



(signatures of the legal heirs over revenue stamp)

**Application for settlement of claim for Accounts in the name of the deceased
(To be used for cases other than nomination / joint account with survivor clause)**

From

To,
The Branch Manager

**Ref. : Claim settlement for amount/money(s) lying in
theAccounts _____ (specify SB/CA/TD/RD No:) in the name of Late
Sh./Smt. _____**

Dear Sir,

I/we advise, the demise of Shri/Smt. _____ on _____. He/she
holds the above Account (SB/CA/TD/RD No.....) at your branch. The said Account(s)
is/are in the name(s) of _____.

I/we lodge me/our claim for the settlement of money(s) in the account(s) of the above named
deceased who died intestate. I/we am/are the legal heirs of the above named deceased and lodge
my/our claim for settlement of money(s) in the said accounts 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
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____

v. _____
vi. _____

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 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. Affidavit-cum-indemnity letter as per format attached (duly attested by the 1st class magistrate).

We request you to settle the claim for the said accounts in name of 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,

Date :

Signature of Claimant(s)

Name of Claimant

Address

Signature