

CLAIM APPLICATION

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

Pertaining to the assets of the deceased Ms./Mr. _____

From

To

The Branch Manager
ESAF Small Finance Bank Ltd.
_____ Branch

Dear Sir/ Madam,

I / We wish to inform you the sad demise of Ms./Mr. _____ who was maintaining relationship with you as mentioned hereunder.

- I/We hereby lodge my/our claim for the assets of the deceased, held by you, being registered nominee(s) of the deceased and request for settling the claim as per Bank's rules and discretion.
- Please settle the balance/assets in the account in the name of the nominee. I/We receive the payment as trustee of the legal heirs of the deceased.
- 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 same mode of operations.

We acknowledge and understand that as survivors/ nominees of the deceased the payment/settlement made by the Bank constitutes full discharge of the liability of the Bank. We further acknowledge and understand that the payment/ settlement received by me/us from the Bank shall be received by me/us as the trustee of the legal heirs of the deceased i.e., such payment/settlement to me/us shall not affect the right or claim which any person may have against the me/us.

The relevant information are as under :

1.	Name of the Depositor / Locker hirer	
2.	Address	
3.	Religion	
4.	Date of Demise	
5.	Proof of Demise	
	If the Nominee is a Minor:	
	i. Name and address of the person authorized to receive the settlement	
	ii. Date on which the Nominee shall attain age of majority (enclose proof)	
6.	Description of Relationships Held with the Bank by the Deceased	
	Deposits	Account Number
		Amount (Rs)
	Safe Deposit Locker Number	

7.	If The Deceased is a Borrower			
	Nature of Loan and Loan Account Number	Outstanding Liability with Interest and other Charges (Rs)	Description of Security	Value of Security (Rs)
8.	Whether the Deposit Receipt/s /Pass Book enclosed? If not, give reasons			

DECLARATION in case funds are to be settled in favour of a Nominee who is a minor.

I, _____ father/mother and/or natural guardian of _____ hereby certify that the proceeds of the settlement of the balance in account number _____ of Late _____ will be utilized for the benefit of the minor only.

(Signature of the Declarant)

I/we hereby submit photocopy of the following document(s) together with originals for your perusal.

Please return the original to us after verification.

1. Death Certificate issued by _____ : _____
2. Identity proof (For Nomination cases) : _____
3. Address Proof (For Nomination cases) : _____

Place : _____

Yours faithfully,

Date : _____

[Claimant(s)]

Report / Recommendation of Officer / Manager in Charge of the Claim Department:
<input type="checkbox"/> We confirm having made discrete enquiries to verify the genuineness of the claim. <input type="checkbox"/> We confirm having verified the originals of the documents submitted. <input type="checkbox"/> We confirm having identified the Nominee(s) properly. <input type="checkbox"/> We confirm that the branch where account in question is to be settled has not received any order/direction from any court restraining the Bank from making payments/settlement from the account/ safe deposit locker of the deceased. <input type="checkbox"/> Others _____
Orders / Recommendations of the Branch-in-Charge
Decision of Sanctioning Authority: