

CLAIM APPLICATION

(To be used when account is without nomination)

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 above named deceased, held by you, being legal heir(s) of the deceased and request for settling the claim as per the Bank's rules and discretion. The relevant information about the deceased and the legal heirs are as under.

We acknowledge and understand that as legal heirs 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 remaining legal heirs/ other claimants of the deceased (if any) i.e., such payment/settlement to me/us shall not affect the right or claim which any person may have against the me/us.

1.	Name of the Depositor/Locker hirer/Borrower			
2.	Address			
3.	Religion			
4.	Date of Demise			
5.	Proof of Demise			
6.	Description of Relationship / Assets Held with the Bank			
	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	
9.	Whether the deceased depositor has left behind any Testamentary Document (If YES, furnish/provide suitable response to the following items)	YES / NO
	Description of the Testamentary documents (Will/Codicil, if any enclose the certified copy)	
	Whether the same is probated?	
	Whether the Probate or Letter of Administration enclosed?	
	Names of Executors /Administrators, If any:	
	Whether Succession Certificate has been obtained from the Court of Law? If yes, furnish the names of the Holder/s of Succession Certificate	
10.	Is the property claimed self - acquired or Ancestral	
11.	If the Deceased dies Intestate, then details of the Legal Heirs	
		Name
		Age
		Relationship with the deceased
	Under the HINDU SUCCESSION ACT, 1956 (Sons, daughters, widow or husband, Mother, widow & children of predeceased Sons or and children of predeceased daughters)	
	Under MOHAMMEDAN LAW (Parents, Wife or Husband and Lineal descendants)	
	Under INDIAN SUCCESSION ACT (Wife or Husband and Lineal descendants)	
12.	Whether the proof of claimant's title OR Declaration of respectable persons enclosed	
13.	The name/s, age and the parentage of the Minor Heir/s and names of the Guardians (In case of Court Guardian, enclose a copy of the Court Order)	

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. Identity proof (for each of the legal heir/claimant) : _____
2. Address Proof (for each of the legal heir/claimant) : _____

I / We hereby declare that all the above information is true and correct.

No	Name of the Claimant(s)	Age	Address	Relationship with the deceased	Signature

Please see attached to this application a letter of indemnity as required by the Bank.

Date : _____

Place : _____

DECLARATION in case funds are to be settled in favour of a Minor also.

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)

Signed in my presence by the claimant/s above named.

	Witness I **	Witness II **
Signature		
Name		
Occupation		
Address		

** (Village Headman, Panchayat/Municipal Councilor or other Respectable Persons known to the Bank)

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"/> We confirm that we have obtained a letter of indemnity as per the policy of the Bank. <input type="checkbox"/> Others _____
Orders / Recommendations of the Branch-in-Charge
Decision of Head Office: