

RECEIPT

(To be obtained from the nominee while settling death claim)

I, _____, S/o. / D/o. _____

aged _____ years, the nominee/guardian of the minor nominee _____/

Survivor of the below mentioned account, hereby acknowledge receipt of a sum of Rs. _____

(Rupees _____ Only)

from ESAF Small Finance Bank Ltd, _____ Branch, being the amount payable in the

accounts mentioned hereunder of the late Ms./Mr. _____

as his/her nominee/survivor in full and final settlement of the claims by closing the account / * by deletion of the name of the deceased from the deposit account and changing the mode of operation.

* (Strike out if not applicable.)

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

No	Deposit A/c.No. / Assets	Amount / Value (Rs)

I hereby confirm that I have no further claim against the Bank in respect of accounts/assets of the said deceased as nominee and the Bank is fully discharged from all liability and obligation to me or to any person claiming for or through me including the legal heirs of the deceased depositor(s). Further I/We declare that the proceeds favouring minor if any, will be utilized only for the benefit of the minor.

Affix
revenue
stamp

Place : _____

Date : _____

(Signature with name and address of the nominee / Guardian of the minor nominee)

WITNESSES: (If nominee affixes Thump impression)

- 1.
- 2.