

Application for deceased claim
(To be used for cases other than nomination/joint account with survivor clause)

From,

To,

The Branch Manager
Axis Bank

_____ Branch

Dear Sir,

Re: Deceased Account

Late Shri/Smt _____

Account No (s) _____

I/We advise, the demise of Shri/Smt. _____ on _____
He /She holds the above account(s) at your branch. The account is in the name(s) of:

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died in testate. I/We am/are the legal heirs of the above named deceased and lodge my/our claim for payment 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
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

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 or duly attested 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. _____
IV. _____
V. _____

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. Letter of indemnity

We request you to pay the balance amount lying to the credit of the above-named deceased to _____ On my/our behalf.

My / our contact details is/are as below:

Mobile Number of Claimant: _____

Email id of Claimant: _____

I hereby authorise Bank to send communication regarding claim settlement related to above mentioned account(s) to my contact number/email id mentioned herewith.

I am / We are aware that the deceased holder had certain outstanding amounts ("Outstanding Dues") payable to the Bank in relation to certain credit facilities availed by him/ her and/ or certain other dues payable to the Bank. I / We hereby authorise the Bank in exercise of its right to lien and set-off in accordance with the terms of loan agreement executed, to deduct the Outstanding Dues from the total available balance held by the deceased holder in the aforesaid account(s)

I/We hereby confirm and acknowledge that any transaction(s) conducted (if any) between the date of the customer's death and the date of the intimation of the customer's death to the bank are known to me/us. I/We fully accept and assume all responsibility for such transaction(s) and agree to hold the bank harmless from any and all claims, disputes, or legal actions arising in the future in relation to these transactions.

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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

For Office Use

Name of Deceased Customer: _____ **CIF:** _____

Date of Death: _____ Date of Intimation to Bank: _____

Documents Received Date: _____

Name of Claimant(s): _____

(If multiple claimants, please list of all the claimant)

Mode of Settlement:

In favour claimant: _____

DD to be issued in favour of: _____

(In case settlement happens in favour any person other than nominee/survivor(s), Branch is required to attach approval of Competent Authority as per Delegation of Power.)

Certification by Branch Head:

Certified that due diligence and discrete enquiry have been made to identify the claimant(s). In case of identification of legal heirs, field verification has also been done.

All the documents have been verified with the original (wherever applicable).

Also, it is certified that the sureties provided for claim settlement are good to the value severally equivalent to the claim amount.

Signature:

(Prepared by Branch Operation Head)

Grade:

Employee cod:

Date: _____

Signature:

(Approved by Branch Head)

Grade

Employee code:

Documentation required for Deceased Claim Settlement

Scenario	Documents required
No Nomination Registered/ Survivors also not alive/ Nominee also deceased.	Death Certificate(if nominee is deceased ,death certificate of nominee as well) Annexure - 5 (Claim Form) OVD of Legal Heirs Annexure - 6 (Indemnity) OVD of Sureties Account Closure Form Annexure - 7 Receipt – To be collected from claimant once the settlement is done.
Death of a Sole Proprietor-nominee not registered	Death Certificate Annexure - 5 (Claim Form) OVD of Legal Heirs Annexure - 6 (Indemnity) OVD of Sureties Account Closure Form Annexure - 7 Receipt – To be collected from claimant once the settlement is done.