

THE SARASWAT CO-OPERATIVE BANK LTD.

(Scheduled Bank)

REGISTERED OFFICE

Saraswat Bank Bhavan, 953,
Appasaheb Marathe Marg,
Prabhadevi, Mumbai 400 025

The Branch Manager,
The Saraswat Co-operative Bank Ltd.,
_____ Branch

Dear Sir,

Re 1. Refund of balance to the credit of Account/s No/s. _____
 2. Transmission of Bank's _____ shares
 bearing Distinctive Nos. _____
 _____ standing in
 the name of the late _____

I/We declare I/We am/are the rightful legal heirs entitled to receive the amount due on the captioned Deposits/Shares with you and request you to refund the amount due on execution of an indemnity by me/us Co-heirs and sureties. For that purpose we submit the particulars as follows:-

1. Full name of the deceased account holder :
2. Full name of the applicant :
3. Particulars of other claimants, if any :

Name

Age

Relation to the Deceased

1)

2)

3)

4)

5)

6)

7)

8)
4. Are there any claimants/heirs other than those joining in the Indemnity Bond.
5. i) Amount claimed and the nature of the account concerned with particulars

ii) Distinctive Nos. of shares to be transmitted
6. Letter of Consent from other claimants
(in the prescribed form)
7. Has the deceased left a will? Who are the executors named in such will and whether probate is obtained? If not, why Probate has not been obtained?
8. If the deceased not leave a will, has any form of legal representation been obtained to his estate, such as Succession Certificate, Letter of Administration, Administrator General Certificate? If so, by whom?

9. If the deceased was married, did he / she leave a widow / widower and / or a child or children of a predeceased child ? Any minors ?
If so, is there a legal or nature guardian ?
10. If the deceased did not leave a Widow / Widower and a child or children or issue, did he/she leave him/her surviving any parent, brother, sister or children of a predeceased brother or sister ?
11. If the deceased was a Hindu and the balance of the account is claimed as joint family property who are the other members of such joint family ? Who is the Karta of such joint family ?
12. Are there any unsatisfied creditors ? If so, state the names with amount claimed. If not, state accordingly.
13. What is the position regarding liability to and payment of Estate Duty, Income-tax, Sales tax and other Government dues ?
14. Has the deceased left any other assets ? If so, who is / are the claimant/s having acquired title to such assets ?
15. Was the deceased doing any business or was he in service ? If the service, was he entitled to any Provident Fund? if he was whom did he nominate to receive suchProvident Fund ? Have Provident Fund dues been paid ? If so, to whom ?
16. Was the life of deceased insured ? If so, to whom have the moneys been paid ? Was there a nomination or assignment in respect of the assurance moneys ? If so, to whom ?
17. Proof of claimant’s right to claim the amount lying to the credit of the deceased in the absence of the representations to the estate of the deceased.
18. Name of the sureties offered (Please submit their particulars in (1) the enclosed proforma) (2)
19. Whether the claimant has any liability (for advance raised from the bank) or indirect liability (as gaurantor for advance raised by others), if so, please state the amount and name of the borrowers. If not, state accordingly.
20. Any other facts which the applicant/s want/s to state in support of his/their claim.

I/We hereby declare that the above statements and answers are true. Witness for Thumb Impression.

Name :
Address :

Signature of the Claimant

Thumb Impression of claimant (if illiterate)

Name of the Claimant _____

Note : In case the claimant is illiterate, he/she should affix his/her Thumb Impression in the space ment for signature of the claimant, which should be witnessed by a person known to the Bank.
(Following declaration to be given by the claimant who is illiterate or who does not understand English)

I declare that above questions were explained to me and the answers thereto have been recorded at my instance as per my instructions and the same have been read over to and understood by me and that I have affixed my signature / Thumb Impression hereinabove after satisfying myself that they been correctly recorded.

WITNESS

THUMB IMPRESSION OF CLAIMANT

The Branch Manager,
The Saraswat Co-operative Bank Ltd.
_____ Branch

Date:

Dear Sir,

Re.: Refund of Balance standing to the Credit of
Savings Bank Account / Fixed Deposit Account /
Current Account of Late Shri / Smt. _____
_____ Rs. _____

My / Our _____ Shri / Smt. _____ who
holds above account with you died on _____

My / Our _____ Shri/ Smt. _____ has
applied to you for refund of the amount/s outstanding in above account/s and also for transmission of/or refund of
the value of _____ shares of the Bank held by Shri/Smt. _____

I/We declare that the claimant Shri/Smt _____ is the legal representative
entitled to receive the amount of deposit / shares in the name of the deceased and that we have no objection
if the Bank in pursuance of the request's of my/our _____
refunds the amount/s outstanding in above account/s of my/our _____
Late Shri/Smt. _____ and/or transmits/or refunds
the value of _____ shares of the deceased to the clalmant/s.

Thanking you,

Yours faithfully,

Full Name	Age	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address _____

The Branch Manager,
The Saraswat Co-operative Bank Ltd.
_____ Branch

Date:

Dear Sir,

Re.: Refund of Balance standing to the Credit of
Savings Bank Account / Fixed Deposit Account /
Current Account of Late Shri / Smt. _____

Account No. _____

Shri / Smt. _____ has requested your Bank for refund
of the amount outstanding in the above account/s of Late shri / Smt. _____

Shri / Smt. _____ is _____
Late Shri /Smt. _____ the deceased account holder and he / she is the
legal heir of the deceased.

Shri / Smt. _____ has also applied for
transmission / refund of the value of _____ shares of the Bank held by the deceased to the
best of my knowledge the deceased is survived by the following heirs besides the claimant.

Name	Age	Relation to the Deceased
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

I express my willingness to stand as guarantor for the above request of the claimant.

Shri / Smt._____ and to execute necessary documents in
favour* the Bank, should the Bank propose to accede to the said request/s.

Thanking you,

Yours faithfully,

Signature _____
Name _____
Address _____

Information to be furnished by proposed Guarantor

1. Full Name
2. Share holding No. of Shares () since
of the Bank

(If the guarantor is not a share holder, please strike out column No.2)

3. Full Office Address :
4. Full Home
Address

5. Monthly Salary: Rs.

Annual Income
(Please enciose salary certificate or Assessment order)
6. How long employed in the present job or

business or profession : Years

7. Povident Fund Rs.
8. Life Insurance : Rs.

9. Liability to the Bank :
A) As Borrower Rs.
B) As a surety Rs.

10. Banking Relations :
1. Type of account No of A/c.
2. Since
3. Branch
4. Present Balance Rs.
5. Average Balance Rs.

11. (a) Relationship with Claimant :

(b) Relationship with Deceased :

Signature

I Information about Co-heirs of the deceased

Shri / Smt. _____

(1) Name of the Co-heir : _____

(2) Age : _____

(3) Occupation : _____

(4) Office Address : _____

(5) Home Address : _____

(6) Income (Rs. p.m.) : _____

(7) Relation with deceased : _____

(8) Relation with Claimant : _____

(9) Banking relations : 1. Type of Account _____ No. of A/c _____
2. Since _____
3. Branch _____
4. Present Balance Rs. _____

Signature _____

Date _____

II Information about Co-heirs of the deceased

Shri / Smt. _____

(1) Name of the Co-heir : _____

(2) Age : _____

(3) Occupation : _____

(4) Office Address : _____

(5) Home Address : _____

(6) Income (Rs. p.m.) : _____

(7) Relation with deceased : _____

(8) Relation with Claimant : _____

(9) Banking relations : 1. Type of Account _____ No. of A/c _____
2. Since _____
3. Branch _____
4. Present Balance Rs. _____

Signature _____

Date _____

III

Information about Co-heirs of the deceased

Shri / Smt. _____

(1) Name of the Co-heir : _____

(2) Age : _____

(3) Occupation : _____

(4) Office Address : _____

(5) Home Address : _____

(6) Income (Rs. p.m.) : _____

(7) Relation with deceased : _____

(8) Relation with Claimant : _____

(9) Banking relations : 1. Type of Account _____ No. of A/c _____
2. Since _____
3. Branch _____
4. Present Balance Rs. _____

Signature _____

Date _____

IV

Information about Co-heirs of the deceased

Shri / Smt. _____

(1) Name of the Co-heir : _____

(2) Age : _____

(3) Occupation : _____

(4) Office Address : _____

(5) Home Address : _____

(6) Income (Rs. p.m.) : _____

(7) Relation with deceased : _____

(8) Relation with Claimant : _____

(9) Banking relations : 1. Type of Account _____ No. of A/c _____
2. Since _____
3. Branch _____
4. Present Balance Rs. _____

Signature _____

Date _____