

DEATH CLAIM FORM - WITH NOMINATION**Bharat Co-operative Bank (Mumbai) Ltd**
MULTI-STATE SCHEDULED BANKTo
The Branch Head,
Bharat Co-operative Bank (Mumbai) Ltd.,
_____ Branch

Date: ____/____/____

Dear Sir/Ma'am,I regret to inform the demise of Mr/Mrs/Ms. _____
whose residential address was _____

_____ has expired on ____/____/____.

I hereby claim the Deposits Shares Safe Deposit Locker(s) held by the deceased. (Please select applicable boxes)**DETAILS OF THE CLAIMANT/NOMINEE**

Name :
Address : _____
_____ Pin Code : _____
Tel. (Res) : _____ (Off) : _____ (Mobile) : _____ <small>(Mobile No. is mandatory)</small>
Relationship with the deceased :
Proof of Address : <input type="checkbox"/> Aadhaar* <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voters ID <input type="checkbox"/> Others
PAN : _____ <small>*Attach Aadhar consent letter</small>

Affix a photograph of
the Claimant/Nominee
&
Sign across the
Photograph

Please do not staple**DETAILS OF THE DEPOSIT ACCOUNTS HELD BY THE DECEASED****CIF No:** _____

Sr. No.	Branch Name	Account No (15 digits)	Amount (₹) (Excl. Interest)	Name of the Nominee & Relationship (as per Bank's Records)
1				
2				
3				
4				
5				
6				

Please attach separate sheet for additional A/Cs

DETAILS OF THE SHARES HELD BY THE DECEASED

Membership No.:	No. of Shares:	Shares Amount	₹
Joint Holder's Name:		Unpaid Dividend	₹
Nominee as per Bank's Records:	Name : Relationship :	Date of Birth of the Nominee	(dd/mm/yyyy)
Original Share-Certificates Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Share Certificates misplaced.	<input type="checkbox"/> Undertaking attached <input type="checkbox"/> Indemnity Bond attached.	

DETAILS OF THE SAFE DEPOSIT LOCKER HELD BY THE DECEASED

Locker No. :	Nominee-1 :	Relationship :
Type :	Nominee-2 :	Relationship :
Joint Hirer's Name :		Mode of Operation :

DETAILS OF LIABILITIES IF ANY

Loan A/c No. :	<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch :	Balance : ₹
Loan A/c No. :	<input type="checkbox"/> Bor <input type="checkbox"/> Sur	Branch :	Balance : ₹

(Please attach statement of Liabilities even in case of NIL liabilities)

PAYMENT INSTRUCTIONS FOR SETTLEMENT OF CLAIM

- Transfer to my Bharat Bank A/c No. _____ at _____ Branch
- Transfer to my other Bank A/c No. _____ IFSC: _____
Bank Name : _____ Branch : _____
- Transfer to my Membership No. : _____ ← Applicable to Shares only

- (1) Original certificates/documents must be submitted for verification. (2) Mobile Number and PAN of the claimant/nominee are mandatory.
(3) Submit undertaking / a duly notarized Indemnity Bond stamped as per the Stamp Act if FD Receipt or Share Certificate is lost/misplaced.
(4) Only the deposit accounts held singly by the deceased can be claimed. Jointly held accounts can be claimed if all joint-holders have expired.

I declare that the particulars stated in this claim form are true & correct to the best of my knowledge and belief. I am liable to the Bank for any misrepresentation or suppression of material fact done by me. I further declare that the documents submitted with this claim form are authentic. I indemnify the Bank against any losses including financial losses arising out of demand(s) made on the Bank by any other person(s) / entity in respect of claim/counterclaims against the above mentioned accounts. Please settle the balance lying in the aforesaid accounts after adjusting liabilities, If any of the deceased. I hereby accord my consent to receive the payment as a trustee of the legal heir (s) of the deceased.

Place: _____ Date : _____ **Signature of the Claimant** _____

DECLARATION BY GUARDIAN IF NOMINEE IS A MINOR

I, the undersigned, _____ Father/Mother / guardian of the claimant hereby certify that the proceeds against the aforesaid death claim shall be utilised for the benefit of the minor only.

Address of Guardian _____
(if different from that of claimant)

Place : _____ Date : _____ **Signature of the Claimant** _____

ATTESTATION BY AN EXISTING CUSTOMER OF THE BANK

I, the undersigned _____ residing at _____

_____ know the claimant Mr/Ms _____

since _____ years. The claimant is related to the deceased as his/her _____ CIF No. _____

Branch _____ Mobile No. _____

Place : _____ Date : _____ Signature : _____

FOR OFFICE USE ONLY

(Please put TICK for items Done & CROSS for items not done. Do not leave boxes blank)


- | | |
|--|---|
| <input type="checkbox"/> All documents verified with original including death certificate. | <input type="checkbox"/> Birth Certificate obtained, if the claimant is a minor. |
| <input type="checkbox"/> Operation mandate in account checked. | <input type="checkbox"/> Duly stamped & notarized indemnity Bond obtained in case |
| <input type="checkbox"/> Borrower / Surety Liability checked. | <input type="checkbox"/> FD Receipt / Shares Certificate is lost / misplaced. |
| <input type="checkbox"/> Checked for absence of any restraining orders from Court etc. | |

All the items ticked above have been checked & found correct

Emp. No. : _____ Name : _____ Signature : _____ Date : _____

BRANCH HEAD'S RECOMMENDATION

(Affix Round Stamp of the Branch, Emp. No. is mandatory)

_____ 

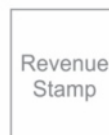
Emp. No. : _____ Name : _____ Signature : _____ Date : _____

NOTES OF RECOMMENDING/SANCTIONING AUTHORITY (CENTRAL OFFICE)

Emp. No.: _____ Name: _____ Emp. No.: _____ Name: _____
Recommending Official **DGM/General Manager** **Managing Director & CEO**

RECEIPT (To be Filled **ONLY AFTER** Sanction of Claim)

Received from Bharat Co-operative Bank (Mumbai) Ltd, a sum of ₹ _____
(Rupees _____) in respect
of death claim against the accounts / shares stated in this form.



Place: _____ Date : _____ **Signature of Claimant** _____