



**Sreenidhi Souharda Sahakari Bank Niyamitha**  
H.O. : #113, R.V.Road, V.V.Puram,  
Bangalore 560004

CLAIM FORM

The Branch Manager

Branch\_\_\_\_\_.

### CLAIM TO THE ASSETS OF THE DECEASED

(The Bank is not responsible for any delay in disposal of the claim due to lack of full particulars called for herein below)

1. In the matter of Assets of \_\_\_\_\_  
(name of the deceased in full)
2. Date of Death \_\_\_\_\_ Place \_\_\_\_\_ Certificate \_\_\_\_\_
3. Religion & Caste \_\_\_\_\_ Age \_\_\_\_\_
4. Deceaseds' Assets & Liabilities at \_\_\_\_\_ Branch
5. Cause of death \_\_\_\_\_

Assets with us (Deposits & Securities)			Liabilities with us (Direct & Indirect)	
Nature of Deposits & Security	Amount	Date of Maturity	Nature of Liabilities	Amount

6. a) Name of Parents of the deceased :  
b) If living, their ages :
6. a) Name of the Widow/Widower of the deceased  
b) If living her/his age
7. a) Names & ages of living children of the deceased  
b) names & ages of living grand children of the deceased (children of only pre deceased son or daughter)

8. Names & ages of living brothers of the deceased
  9. Names & ages of living sisters of deceased
  10. a) Whether deceased has left behind a Will (if answer is 'yes' certified copy of the will must be enclosed)
    - b) Whether will has been probated or letters of Administration obtained or an application has been made for the same.
  11. Whether succession certificate has been obtained or application has been made for the same ?
  12. Which is the law applicable to the deceased ?
  13. a) Name & ages of the claimant(s) How is/are he/she/they related to deceased ?
    - b) Proof of title of the claimant
    - c) State who is the natural guardian of minors amongst the claimants or whether a statutory guardian has been appointed ? (If so, the order of appointment must be enclosed)
- I/We declare that the facts stated are true & correct according to my/our knowledge and information.

Signature of claimant/s

Certified that the facts stated above are true & correct.

(Signature and designation with date)

I/Must be certified by a member of State Legislature, Parliament, Municipal Council village Headman or a responsible party known to the Bank.

Branch Manager

Report

1. Do you vouchsafe for facts Stated above?
2. Do you know the claimant(s) personally?
3. Have you personally satisfied yourself about the claimant's title?
4. Your recommendation regarding disposal of claim

Branch : \_\_\_\_\_

Date : \_\_\_\_\_

Branch Manager