


# THE COMMERCIAL CO-OP. BANK LTD.

Branch :- \_\_\_\_\_  
 Particulars to be supplied by persons claiming amounts lying with  
 the bank on account of Depositors who are dead.

<p>1) Name in Full of the deceased account holder                  (a) Address.....                   (b) Date of Death*                  (The Death Certificate must accompany the claim Form)</p>	
<p>2) Amount claimed and the Nature of the Account.  <b>Notes :</b>                  (1) State the amount in words and figures.                  (2) If the Deceased had more than one account state separately the balance in each Account.                  (3) State the Number of Savings Bank Account, Fixed Deposit Receipt or Cash Certificate as the case may be.                  (4) If the amount is in Fixed Deposit or Cash Certificate furnish also the name of the Office and date of issue / Period due Date etc.                  (5) Return to the Bank Savings Bank, Bank Pass Book, Fixed Deposit Receipt, Cash Certificate, Unused Cheques Leaves relative to the account.</p>	
<p>3) Claimant :                  (a) Name in full with Age .....                  (b) Relationship with the Deceased.....                  (c) Occupation and Address.....</p>	
<p>4) Survivors of the Deceased Depositors :                  Name of                  (1) Widow / Husband                  (2) Sons (with their Ages)                  (3) Daughters (with their Ages) mentioning whether married or unmarried                  (4) Parents in case of a Joint Hindu Family give also names of the karta (Managing Member of the family).                  (5) Brothers and sisters of the Deceased and other members in the family with their Ages and relationship.</p>	
<p>5) Has the Deceased left a Will ?</p>	
<p>6) What Law was the Deceased governed by ?</p>	
<p>7) Legal Representation if any (Probate, Letters of Administration, Administrator's Certificate or Succession Certificate) obtained from Court.                  (Document should accompany this Form)</p>	
<p>8) If Legal Representation not obtained state reason</p>	
<p>9) Is Estate Duty paid or payable ?                  ( Certificate of Estate Duty Controller to accompany)</p>	
<p>10) Particulars of the Deceased's other Assets such as                  (1) Account with other Bank's                  (2) Shares in joint Stock Companies with name of the Companies                  (3) Insurance Policy with Company's name.                  (4) House Property with Location.</p>	

i1) Name of two Sureties with full Addresses and Occupation.

Sr.No.	Name / Address	Occupation

12) Other facts which the claimant/s want to state in support of the claim.

I / We hereby solemnly declare that the information furnished above is true and correct. Statement of facts and that there is / are no other claimant/s for the balance in the Account of the Deceased.

\*Witness :

Name :

Sign :

Occupation :

Address :

Claimant/s :

Name :

Sign :

Occupation :

Address :

Date :

( Municipal Councillor or a J.P., a magistrate with court seal or any respectable person known to the bank.)

**RECOMMENDATIONS**

I have verified the particulars supplied by the claimant/s on the reverse hereof  
I recommend / do not recommend payment of the claim.

DATE.....

Branch Manager

Branch .....

DATE.....

General Manager

**DECISION**

DATE.....

Chairman & Mg. Director.