

Annexure I – Claim Form

(A) Application for Deceased claim

(To be used when account/locker has nomination or is a joint account with survivor clause)

From

To

The Branch Manager,
AU Small Finance Bank Limited (AUSFB)
_____ Branch

Dear Sir,

Re: Claim in respect of Account Nos. _____/Locker
Nos. _____ of _____ **Late**

Shri/Smt _____ I/We advise the demise of

Shri/Smt. _____ on

_____ (< date He/ She holds the above locker/account(s) at your branch. The
locker/account is in the name(s) of

_____.

• In case of Nomination

I, _____, residing at
_____ am

(please tick the option below as applicable)

- (i) The registered nominee in the above account(s).
- (ii) I have submitted all the belonging of the account belonging to the deceased customer in my possession to the bank/destroyed the same.
- (iii) The person authorised to access lockers.
- (iv) The person authorised to/receive payment on behalf of Master/Miss _____
_____ who is the nominee in the above account(s)/Locker and is a minor as on the date of this claim.

Please permit access to the said locker/settle the balance in the account in the name of the nominee by way of:

- Fund transfer _____ (mention your Au SFB a/c no)
- DD issuance _____ (mention nominee name)

RTGS/NEFT* _____ (Bank Name) _____ (IFSC)
_____ A/c no

* copy of cancelled cheque to be attached

OR

I/we will access/receive the payment as trustee(s) of the legal heirs of the deceased.

• **In the case of joint account**

I/We request you to delete the name of deceased person and continue the locker/account in my/our name(s) with same mandate of operations.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

- Death Certificate issued by _____
- Photo Identity (required in nomination cases) _____
- Address Proof (required in nomination cases) _____
- Copy of nomination, if any

Yours faithfully,

(Claimant(s))

Date: _____

Place: _____

**(B) Application for Deceased claim
(To be used for cases other than Nomination/joint locker/account with survivor clause)**

From

To

The Branch Manager
AU Small Finance Bank Limited
_____ Branch

Dear Sir,

Re: Claim in respect of Account Nos. _____/Locker Nos. _____
of **Late Shri/Smt.** _____

I/We advise the demise of Shri/Smt. _____
(Deceased) on

_____. (<date>) He/ She holds the above locker/account(s) at The AU Small Finance
Bank Limited, _____ branch (hereinafter referred to as 'the Bank').

The _____ account(s) is/are in the _____ name(s) of
_____.

I/We lodge my/our claim for the contents lying in the account/ locker held by the above-named
Deceased/balances with accrued interest lying to the credit of the above-named Deceased who died
intestate. I/We am/are the legal heirs of the above-named Deceased and lodge my/our claim for
payment/release of locker content(s) as per the Bank's rules and discretion. The relevant information about
the Deceased's legal heirs is as under.

1. Full Name, Address, Occupation, Age and Relationship with the Deceased:

- (i) _____
_____, _____, _____
- (ii) _____
_____, _____, _____
- (iii) _____
_____, _____, _____
- (iv) _____
_____, _____, _____
- (v) _____
_____, _____, _____
- (vi) _____
_____, _____, _____
- (vii) _____
_____, _____, _____

2. Religion of the Deceased: _____

a)	Whether Natural Guardian	
b)	Whether Guardian appointed by a 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?	

3. Name or Names of the Guardian(s)/person appointed to claim on behalf of the minor children of the Deceased.

4. Claimant(s) name(s) and address in full:

(i) _____

(ii) _____

(iii) _____

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 certified photocopy) issued by the competent government authority

2. Letter of Indemnity

3. _____ *

4. _____ *

5. _____ *

(* Please input documents as applicable to the existing deceased policy)

We request you to pay the balance amount by way of:

Fund transfer _____ (mention your Au SFB a/c no)

DD issuance _____ (mention nominee name)

RTGS/NEFT* _____ (Bank Name) _____ (IFSC) _____ A/c no

* copy of cancelled cheque to be attached

permit access to contents in the locker lying to the credit of the above named Deceased to _____ on my/our behalf. Such person shall accept the contents of the locker/receive such amounts as trustee(s) on my/our behalf and payment of the said sum of ` _____/handing over the contents of the locker as per the inventory list to _____ would constitute a full discharge of the Bank's obligations in this regard.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

Signature of Claimant(s)

Name and Address of Claimant

Place: _____
Date: _____

**(C) Application for Deceased claim
(To be used for joint accounts/locker operated jointly)**

From:

To

The Branch Manager

AU Small Finance Bank Limited,

_____ Branch

Dear Sir,

Re: Claim in respect of Account Nos. _____/Locker Nos. _____
_____ of **Late** **Shri/Smt.**

I/We advise the demise of Shri/Smt. _____ (Deceased) on _____. He/She holds the above locker/account(s) at AU Small Finance Bank Limited, _____ branch (hereinafter referred to as 'the Bank'). The locker/account(s) is/are in the joint name(s) of _____.

I/We lodge my/our claim for the contents in the said locker / account balances with accrued interest lying to the credit of the above named Deceased who died intestate. I/We am/are the legal heirs of the above named Deceased and lodge my/our claim for contents of the aforesaid locker/payment of monies lying in the aforesaid account(s) as per the Bank's rules and discretion. The relevant information about the Deceased's legal heirs is as under.

1. Full Name, Address, Occupation Age and Relationship with the Deceased

- (i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

2. Religion of the Deceased: _____

3. I/We confirm that the legal heirs as mentioned above are the only legal heirs of the Deceased.

4. Name or Names of the Guardian(s)/person appointed to claim on behalf of the minor children of the Deceased.

a)	Whether Natural Guardian	
b)	Whether Guardian appointed by a 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/We submit the following documents.

1. Death Certificate (certified photocopy) issued by: _____
2. Letter of Indemnity
3. _____ *
4. _____ *
5. _____ *

(* - Please input documents as applicable to the existing deceased depositor's policy)

I/We request you to pay the balance amount lying to the credit of the above-named Deceased by way of:

- Fund transfer _____ (mention your Au SFB a/c no)
- DD issuance _____ (mention nominee name)
- RTGS/NEFT* _____ (Bank Name) _____ (IFSC) _____ A/c no

* copy of cancelled cheque to be attached

release contents of the said locker in the name of the above-named Deceased to

_____ on my/our behalf. Such person shall receive such amounts/contents of the locker as trustee(s) on my/our behalf and payment of the said sum of ` _____/handing over the contents of the locker as per the inventory list to _____ would constitute a full discharge of the Bank's obligations in this regard.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

Signature of Claimant(s)

Name and Address of Claimant

Place: _____

Date: _____

Annexure II – Indemnity cum Affidavit

(A) INDEMNITY CUM AFFIDAVIT (ON STAMP PAPER OF APPROPRIATE VALUE AS PER RELEVANT STATE. ' /) (To be used for accounts held in single name without nomination)

We

1. Mr./Ms. _____ residing at _____ hereinafter referred to as Deponent no. 1.
2. Mr./Ms. _____ National residing at _____ hereinafter referred to as Deponent no. 2.
3. Mr./Ms. _____ Indian National residing at _____ hereinafter referred to as Deponent no. 3.
4. Mr./Ms. _____ Indian National residing at _____ hereinafter referred to as Deponent no. 4.
5. Mr./Ms. _____ Indian National residing at _____ hereinafter referred to as Deponent no. 5.

Hereinafter collectively referred to as the Deponents do and each of us doth hereby solemnly affirm, declare and state as follows:

1. One Mr./Ms. _____ (hereinafter referred to as the Deceased) died at _____ (<place of death>) on _____ (<date mmddyy >). Hereto annexed is a Xerox copy of the death certificate issued by the Municipal Corporation of _____ <city> certifying the death of the Deceased.
2. At the time of his/her death, the Deceased was a Hindu/Christian/Parsee, Indian National, residing in India and in the circumstances the administration of the estate of the Deceased in India is governed by the provisions of the Hindu Succession Act 1957/Mohammedan Law/Indian Succession Act (herein referred to as the Said Act).
3. The Deceased is survived by:

Sr. No.	Claimant/Deponent Name	Relationship with Deceased

4. We confirm that the legal heirs as mentioned above are the only legal heirs of the Deceased.
5. In spite of due and diligent search made by us, we have not come across any Will and/ or any document purporting to be the Will of the Deceased and in the circumstances the Deceased is deemed to have died intestate (Without making a Will).
6. The Deceased has not been survived by his/her mother/father and/or a child or children of a predeceased child or children, and the only heirs and legal representatives to the estate of the Deceased as per the provisions of the said Act are ourselves, each of us having an equal share thereto.

7. The Deceased, during his lifetime, maintained in his/her single name Savings/TMD Bank Account No. _____, _____ (said Account) with the _____
Branch of The AU Small Finance Bank Limited (hereinafter called 'the Bank'). The Deceased alone was entitled to the amounts lying to the credit of the said Account and no other person had any share, right, title or interest therein or any part thereof. A sum of ` _____ is now lying to the credit of the said Account and forms part of the estate of the Deceased.
8. In the circumstances aforesaid, we the above named Deponent's, as the only heirs and legal representatives of the Deceased are absolutely entitled in equal shares, to the said sum of ` _____.
9. No application has been preferred by us or any one of us and/or on behalf of us or any one of us nor are we aware of or have knowledge of any other person who has preferred any application in the court of competent Jurisdiction for grant of representation to the estate of the Deceased.
10. No estate duty is payable in respect of the estate of the Deceased.
11. We, the above named Deponent(s) have not been stopped by any Judicial/Revenue/Government authority from dealing with the estate of the Deceased or any part thereof.
12. We, the above named Deponent/s do and each of us doth hereby of our own free Will and accord and without any undue influence and/or coercion release our representative share/right title and interest in the amount outstanding to the credit of the aforesaid account in favour of Deponent No. _____ absolutely and do hereby irrevocably authorise the Bank to pay over the amount standing to the credit of the said Account to Deponent no. _____ absolutely.
13. On the basis of the aforesaid representations and declarations we requested the Bank to close the said Account and pay over the amount standing to the credit of the said Account to = Deponent no. _____ which the Bank has agreed to do on the following indemnity being given by us.
14. Deponent no. _____ will receive such amounts as trustee(s) on our behalf and payment of the said sum of ` _____ to Deponent no. _____ would constitute a full discharge of the Bank's obligations in this regard.

(A) In consideration of the Bank having agreed to close the said Account and pay over the amount lying to the credit thereof unto Deponent no. _____ by way of:

- Fund transfer _____ (mention your Au SFB a/c no)
- DD issuance _____ (mention nominee name)
- RTGS/NEFT* _____ (Bank Name) _____ (IFSC)
_____ A/c no

* copy of cancelled cheque to be attached

on the basis of the foregoing representation and without insisting upon our obtaining legal representation to the estate of the Deceased we do hereby jointly and each of us doth hereby severally agree to indemnify and keep indemnified the Bank and its officers against all claims and demands, actions, suits, and proceedings, estate charges and expenses and loss and/or damages that may be made or shall arise and/or accrue against the Bank and/or its officers or any of them by reason of the Bank having so closed the said Account and paid over the amount standing to the credit thereof to Deponent no. _____

Solemnly Declared at _____ this _____ day of _____ by
the within named (to be signed by all Deponents)

- 1.
- 2.
- 3.
- 4.
- 5.

Before me (Notary, State)

Read over and explained by each of us in the presence of each other unto the Deponents.
above named before the execution hereby by them in our presence and each of them is known and
identified by each one of us.