

(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
_____.

a. In case of Nomination

I, _____, residing at
_____ (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.

Request you to please permit access to the said locker/settle the balance in the account in the name of the nominee by way of Fund transfer/DD issuance/RTGS/NEFT.

OR

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

b. 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: _____

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 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) _____,
_____, _____, _____

2. Religion of the Deceased: _____

3. 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?

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/DD issuance/RTGS/NEFT/permit access to contents in the locker lying to the credit of the abovenamed 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- no nomination)

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/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.

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

- (vi) _____,
_____, _____, _____
- (vii) _____,
_____, _____, _____
- (viii) _____,
_____, _____, _____
- (ix) _____,
_____, _____, _____
- (x) _____,
_____, _____, _____

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

- (1) _____
- (2) _____
- (3) _____

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/DD issuance/RTGS/NEFT/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: _____