

**DEATH CLAIM FORM - WITHOUT 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**

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  
&  
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	<small>(dd/mm/yyyy)</small>
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/We the undersigned, legal heir/s of the deceased do not have any objection for settling the claim in favour of the Claimant.

Sr. No.	Name	Age	Relationship with the deceased	Signature
1				
2				
3				
4				
5				
6				

(Please attach NOC letter in the prescribed format).

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** \_\_\_\_\_

#### 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"/> If claim exceeds ₹ 50,000/- indemnity Bond executed in favour or the Bank. (To be notarized & duly stamped as per the Stamp Act applicable to the State) |
| <input type="checkbox"/> Operation mandate in account checked.   | <input type="checkbox"/> If claim exceeds ₹ 10 lakhs, Succession Certificate, Letter of Administration, Probate or Surety from nominee.   |
| <input type="checkbox"/> Borrower / Surety Liability checked.  | <input type="checkbox"/> No Objection letter from the existing nominees/legal heirs obtained in the prescribed format.  |
| <input type="checkbox"/> Checked for absence of any restraining orders from Court etc.   |   |
| <input type="checkbox"/> Birth Certificate obtained, if the claimant is a minor.   |   |
| <input type="checkbox"/> Duly stamped & notarized indemnity Bond obtained in case FD Receipt / Shares Certificate is lost / misplaced. |   |

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)

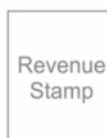
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Emp. No. : \_\_\_\_\_ Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

#### 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