

**THE VAISH CO-OPERATIVE NEW BANK LTD.
NEW DELHI**

DEATH CLAIM FORM

Dated _____

The Manager

_____ Branch

Dear Sir,

1	Name of the Deceased :	
2	Date of Death (Proof to be attached)	
3 (i)	Name of the Claimant, relationship with the deceased, age and residential address.	
(ii)	Name of all the legal heirs & their age & residential address	
4 (i)	Particulars of accounts of the deceased with amount outstanding, therein	
(ii)	Nomination given, if any	
5 (i)	Particulars of liabilities of deceased to the Bank	
(ii)	Guarantee stood & present liability, if any	
6 (i)	Did the deceased leave any 'WILL', if so, a copy thereof, duly certified by Magistrate or Notary, be enclosed.	
(ii)	Is the WILL registered	
(iii)	Has probate been obtained from a competent court, if so, the true copy be enclosed	
(iv)	Name of the executors, if any or beneficiaries under the will, with address	
7	Is any of the legal heirs, executors or beneficiaries is/are minor(s), If so, what is the age of the minor(s) and in whose custody/guardianship he/she is/are ?	
8	Has any Court appointed Guardian? If yes, give particulars	
9	Has any Succession certificate or letter of administration been obtained by the claimant(s) from a competent Court? If so, its true copy be attached	
10	Any other particulars	

I/We hereby declare that the aforesaid contents are correct and nothing has been concealed or withheld.

Signature of claimants/Legal heirs

Declared before me by Shri/Smt. _____ whom I personally know/or who has been identified by Shri/Smt. _____ whom I personally know.

Identifying Person

Notary

Signature _____

Signature _____

Name _____

Name _____

A/c no. _____

Seal _____

Telephone/ Mobile No. _____

Date _____

Office Report

Certified that Shri /Smt. _____ has died on _____ (Death Certificate attached) and left following accounts, showing balance as under.

Nature of Deposit	A/c No.	Balance	Due Date	Nominee, if Any

Liabilities of the deceased to the Bank (if any) _____

Branch Manager's Remarks _____

Manager

Head Office Remark _____

Manager/Gen.Manager

(Note: When payment is made of the claim, proper receipt duly stamped, for the amount received by the claimant(s) be obtained for having received the amount in full & final settlement of the claim).

Order of Sanctioning Authority.

<u>Secretary's Remark</u>		<u>Board's Remark</u>
Approved as proposed	Approved.	Approved by the Board of Directors vide Resolution no. _____ dt _____
Hony. Secy./Hony.Addl. Secy.	Chairman	Signature

THE VAISH CO-OPERATIVE NEW BANK LTD.

INDEMNITY BOND

(To be stamped on a paper of Rs.100/- and attested by a Notary / Magistrate)

This Indemnity Bond executed at _____ on the _____ Day of _____ 20____

between Sh./ Smt. _____

Son/Widow/Daughter of _____

R/o _____

hereinafter called "the principal party" of the first part and Sh./ Smt. _____

Son/Widow/Daughter of _____

R/o _____

hereinafter called "the surety" of the second part and The Vaish Co-operative New Bank Ltd., _____ Branch

hereinafter called "the Bank" of the third part.

Whereas Sh./Smt. _____

Son/wife/daughter of Sh./Smt. _____

R/O _____

Died on _____ and at that time of the death, had the following accounts with the Bank :-

And WHEREAS the said principal party Sh./ Smt. _____

Claims/ claim to be the legal heir/ heirs of the said late Sh./ Smt. _____

And entitled to the above mentioned property of the deceased also claims/ claim payment of the balance / balances standing to the credit of the deceased in the books of the Bank, as per the special power of attorney given by the other legal heirs dated _____ attached.

Now This indenture witnesseth that in consideration of the payment by the Bank of the amount above specified (the receipt whereof, the said principal party hereby acknowledges) the said principal party and the said surety / sureties both bind themselves severally and jointly to pay the aforesaid amount with interest, loss, damages and cost of all kinds whatsoever to the said Bank, in case any claim is made about the aforesaid money by any body else. Further, in consideration of the aforesaid payment to the said principal party by the said Bank, the said principal party and the said surety / sureties both hereby undertake for themselves, their heirs, executors and administrators to hold the said Bank, it's agents etc., harmless and indemnified in respect of all claims to the aforesaid money.

In Witness whereof the said Sh./ Smt. _____

and Sh./ Smt. _____ have put their signatures.

Witnesses :-

1. Signature _____

Name _____

Address _____

A/c No. _____

Telephone/Mobile No. _____

Signature (claimant's) _____

Name _____

Address _____

A/c No. _____

Telephone/Mobile No. _____

2. Signature _____

Name _____

Address _____

A/c No. _____

Telephone/Mobile No. _____

Signature(Surety) _____

Name _____

Address _____

A/c No. _____

Telephone/Mobile No. _____