



**The Citizens' Cooperative Bank Ltd.,**

*Adm. Office : 117A/D Gandhi Nagar, Jammu*

*Website: [www.citizenscooperativebankjammu.com](http://www.citizenscooperativebankjammu.com)*

*Email : [info@citizenscooperativebankjammu.com](mailto:info@citizenscooperativebankjammu.com)*

**REVISED CLAIM FORMAT**

To,  
The Branch Manager  
The Citizens' Cooperative Bank Ltd.,  
.....Branch  
Jammu.

**Sub.:- Claim for Payment of Balances in the account (s) of  
Late Sh./ Smt./.....  
Expired on.....**

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Sir,

It is hereby submitted for your kind information that Sh./Smt./.....  
expired on..... Late Sh./Smt./..... was maintaining a Saving  
Bank/ Current Account/ RD Account/TDR/STDR etc.....accounts  
in your Branch as follows:

S.no.	Nature of Deposit	Account No.	Amount \$	Date of Maturity	Nature of Liability of the Bank, if any	Amount
1.						
2.						
3.						
4.						
5.						
	Total					

\$(The actual amount of claim with accrued interest will be worked out on the date of payment)

I/We lodge my/our claim for the above balances with accrued interest of the above named deceased in terms of:-

- (i) Will of the late Sh./Smt.....dated.....  
And a probate granted by the Court of.....at.....  
dated.....(copies enclosed)
- (ii) Succession Certificate dated.....granted by the Court of  
.....at..... (Copy enclosed).
- (iii) Letter of Administration No.....dated.....issued  
by.....at.....(copy enclosed)

- (iv) The deceased died in testate. We lodge our claim without a legal representation for payment as per Bank’s rules & discretion.  
(Strike out if not applicable)

I/We furnish below the required information about the deceased & legal heirs in this regard:-

- (i) Date & Place of Death.....
- (ii) Details of Death Certificate (No., Date, Authority – copy enclosed. Original to be produced for verification).....
- (iii) Permanent address of the deceased  
.....
- (iv) Religion.....
- (v) Names in full of the parents of the deceased:
- (vi) Father.....
- (vii) Mother.....
- (viii) If parent(s) are living, their ages (a) Father.....years (b) Mother.....years.
- (ix) Name in full of the widow / widower of the deceased  
Smt./Sh..... Age,(if living) .....years.
- (x) Name(s) & age of the living children of the deceased:  
(a).....age.....years  
(b).....age.....years  
©.....age.....years  
(d).....age.....years
- (xi) Name(s) & age of the living Grand children of the deceased:  
(Children of only predeceased son or daughter)  
(a).....age.....years  
(b).....age.....years  
©.....age.....years  
(d).....age.....years
- (xii) Name(s) & age of the living brothers of the deceased:  
(a).....age.....years  
(b).....age.....years  
©.....age.....years  
(d).....age.....years
- (xiii) Name(s) & age of the living sisters of the deceased:  
(a).....age.....years  
(b).....age.....years  
©.....age.....years  
(d).....age.....years
- (xiv) Name(s) of the Minor(s) & Natural Guardian(s) /Legal Guardian(s) of minors amongst the claimants (if Legal Guardian is appointed, a copy of the order must be enclosed)
- |       |                                      |               |
|-------|--------------------------------------|---------------|
| (xiv) | (A) Name(s) of the Minor Claimant(s) | Date of Birth |
|       | (a).....                             | .....         |
|       | (b).....                             | .....         |
|       | ©.....                               | .....         |
|       | (d).....                             | .....         |
- (B) Name(s) of the Guardian(s) & Relationship with the Minor Claimant(s) above

- (a).....
- (b).....
- ©.....
- (d).....
- (xv) Sh./Smt./.....i.e. the person furnishing the declaration below that he/she knows our family for the last.....years & is unconnected with our family.
- (a).....
- (b).....
- ©.....
- (d).....
- (e).....
- (f).....
- (g).....

I know the deceased and his family since last.....years. I am not related in any manner whatsoever to the deceased or any of the above mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

**Certified that to the best of my knowledge & belief the facts stated above are true & correct.**

Name in full & address of the person  
 Signing the declaration.....  
 .....  
 .....

Place.....  
 Date..... Signature with date

(To be signed by an independent respectable person well known to the deceased person's family but unconnected with it and acceptable to the Bank.)

- (xvi) Names and ages of the claimants who propose to execute the Letter of Disclaimer:-
- (a).....
  - (b).....
  - ©.....
  - (d).....
  - (e).....
  - (f).....
  - (g).....

(xvii) Name of two sureties with full address and occupation:

A. Name:.....  
 Address.....  
 Occupation.....

.....  
 Signature

B. Name:.....  
 Address.....

Occupation.....

.....

Signature

I/We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.)

Signature(s) of the claimant(s) who will receive the amount

(a).....

(b).....

(c).....

(d).....

(e).....

(f).....

(g).....

Place.....

Date.....

**INDEMNITY LETTER REGARDING PAYMENT OF BALANCE OF ACCOUNT OF DECEASED ACCOUNT HOLDER.**

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Name of Deceased.....  
 Address.....  
 .....  
 Dated.....

The Branch Manager  
 The Citizens' Cooperative Bank Ltd.,  
 .....Branch  
 Jammu.

Dear Sir/Madam,  
 1. Ref; Payment Balance of Rs.....in the account of Sh./Smt.....  
 ..... had the Current/Saving Bank/TDR/STDR/R.D account No.

2. That Sh./Smt.....had expired on..... at.....  
 leaving at the time his/her death the credit balance(s) in his/her respective account(s) as under:

S.no.	Nature of Deposit	Account No.	Amount
1.			
2.			
3.			
4.			
5.			
	Total		

3. I/we have represented to you  
 (a) that the deceased died without leaving a will I/We the undersigned  
 (i).....Age.....  
 (ii).....Age.....  
 (iii).....Age.....  
 am/are the only heirs of the deceased according to the law of intestate succession applicable to him/her.

(b) that the deceased died leaving his/her last will.....we  
 (Name of Executors)  
 the undersigned are the executors thereof and that had he/she died without leaving the will,  
 undersigned namely; (Name of Heirs)

(i).....  
 (ii).....  
 (iii).....  
 Would have been the heirs of the deceased according to the personal law of intestate succession applicable to him/her.

© that we do not intend to obtain any grant of legal representation to the estate of the deceased.  
 (d) that we are the only persons entitled to the properties and assets of the deceased as such executors/heirs as on intestacy.

4. I/we have requested you to pay to said balance in said account(s)  
 to.....of us the  
 undersigned namely;

.....  
(NAME OF PERSONS TO WHOM PAYMENT TO BE MADE)

Which you have agreed to do on the faith and strength of and relying on my/our above presentation and on my/our executing such indemnity in your favour as is hereinafter appearing.

5. In consideration of above premise, I/we as to be bind myself/ourselves jointly and each severally undertakes and agree with you, your successors and assigns as follows:

(a) to keep you safe and indemnified against all claims, demands, actions, proceedings, losses, damages, costs, charges and expenses (the legal costs being between attorney and client) which may be made or brought or commenced against you to be paid, sustained, suffered or incurred by you, however, as consequences direct/in direct of your paying the said sum in the above accounts to me/us without insisting on a grant of legal representation.

(b) to pay to you on demand the amount of any such losses, damages, cost, charges and expenses together with interest at.....p.a. from the date of payment by you until reimbursement by me/us.

Yours faithfully,

.....  
(Legal Heirs)

WITNESSES:

1. Signature .....  
Name.....  
Address.....  
.....

2. Signature .....  
Name.....  
Address.....  
.....

In consideration of the premises, we the undersigned

.....  
(Names(s) of Surety(ies))

Jointly and severally guarantee to you The Citizens' Cooperative Bank Ltd., Branch Office.....the payment of all money's due under the aforesaid indemnity by the executants thereof.

WITNESSES:

1. Signature .....  
Name.....  
Address.....  
.....

2. Signature .....  
Name.....  
Address.....  
.....

SURETIES

1. Signature .....  
Name.....  
Address.....  
.....

2. Signature.....  
Name.....  
Address.....  
.....

**LETTER OF DISCLAIMER**

I \_\_\_\_\_ S/O,D/O \_\_\_\_\_  
R/O \_\_\_\_\_ do hereby solemnly affirm and declare as  
under;

1. That deponent is \_\_\_\_\_ of Late Sh./Smt. \_\_\_\_\_  
S/o, D/o \_\_\_\_\_ R/o \_\_\_\_\_.
2. That Late Sh./Smt. \_\_\_\_\_ was having a \_\_\_\_\_ a/c  
With number \_\_\_\_\_ with The Citizens' Cooperative Bank Ltd., Jammu  
Branch Office \_\_\_\_\_.
3. That Sh./Smt. \_\_\_\_\_ died on \_\_\_\_\_.
4. That Sh./Smt. \_\_\_\_\_ is \_\_\_\_\_ of the deponent and has  
applied with the said Bank for release of the amount in the said account.
5. That I being the legal heir of the deceased Sh./Smt. \_\_\_\_\_ will  
not claim any amount of the said amount if the same is released in favour of  
claimant \_\_\_\_\_ and indemnify the Bank from any loss with regard to the  
said amount.

**DEPONENT**

Verification:

Verified today on \_\_\_\_\_

at \_\_\_\_\_ that the contents of this affidavit are true and correct to the best of my  
knowledge and nothing have been concealed thereof.

**DEPONENT**

