

Application for Deceased Claim
(To be used for cases where no Nomination/joint account with no survivor clause)

Place:
Date:

From

<insert the name and complete address of the Claimants>

To

The Branch Manager,
Ujjivan Small Finance Bank Ltd.,
<insert the complete address of the branch>

Dear Sir,

Re: Account No: <insert the account number> **of Late Mr./Mrs./Ms.** <insert the name of the deceased depositor>.

I/We advise you the sad demise of Mr./Mrs./Ms. <insert the name and complete address of the deceased depositor> on <insert the date of death>.

He/She holds the following accounts at your branch.

| Sl. No: | Nature of Deposit | Account Number | Name and Address of the Accountholder |
|---------|-------------------|----------------|---------------------------------------|
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I/We lodge my/our claim for the 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 as per the bank's rules and discretion. The relevant information about the deceased and the legal heirs are as under.

- Names in full of the parents of the deceased:
Father: _____
Mother: _____
- Religion of the deceased: _____
- Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Coparceners with their respective ages.

| Sl. No: | Name | Complete Address | Occupation | Age | Relationship with the Deceased |
|---------|------|------------------|------------|-----|--------------------------------|
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4. Name or Names of the Guardian/s of the minor :
Children of the Depositor
- 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. Please return the original Death Certificate to us after verification:

- a) Death Certificate dated _____ issued by _____
- b) Identity Proof (of Claimants) _____
- c) Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased to _____ on my/our behalf.

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(s) and Name(s) of
the Claimant(s)