

**Application for Deceased Claim**  
(To be used when account has nomination or is a joint account with 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

**A. In case of Nomination:**

I, *<insert the name, age, occupation, father's/husband's name and complete address of the nominee>* am:

- a) the registered nominee in the above account(s). OR
- b) the person authorized to receive payment on behalf of Master/Miss *<name of the minor nominee>* who is the nominee in the above account(s) and is a minor as on the date of this claim.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

- a) Death Certificate dated \_\_\_\_\_ issued by \_\_\_\_\_
- b) Identity Proof (of Claimants) \_\_\_\_\_

Please settle the balance in the account in the name of the nominee. I/we 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 account in my/our name(s) with same mode of operations.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

- a) Death Certificate dated \_\_\_\_\_ issued by \_\_\_\_\_
- b) Identity Proof (of Claimants) \_\_\_\_\_

Yours faithfully,

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