Application for Deceased Claim

(To be used when account has nomination or is a joint account with survivor clause)

| | | | | Place: Date: |
|--------------------|---|---|---------------------------------------|----------------------|
| From | | | | |
| ••••• | | ····· | | |
| ••••• | | •••• | | |
| То | | | | |
| | anch Manager, a Small Finance Bank Ltd., | | | |
| ••••• | | | | |
| Dear S | ir, | | | |
| Re: Ac | count No: | of Late Mr./Mr | s./Ms | |
| on | dvise you the sad demise of Mr./ | | | |
| Sl. No: | Nature of Deposit | Account Number | Name and Address the Accountholder | |
| I, a) | | bove account(s). OR e payment on behalf of Master/N e account(s) and is a minor as or | Лiss | am: |
| I/We s verifica | | ing document(s) together with o | originals. Please return the | original to us after |
| a) b) | Death Certificate dated Identity Proof (of Claimants) _ | issued by | | |

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:

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

| I/We Request you to delete the name of deceased person | on and continue the accoun | t 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.

| | Death Certificate dated Identity Proof (of Claimants) _ | • | |
|-------|--|---|--|
| Yours | faithfully, | | |
| | | | |