

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)