Settlement of Claims in respect of Deceased Depositors

Check-list of Documents

Claims	Document obtained :
	Yes/No
1. Accounts with Nomination clause:	
(i) Application for Deceased Claim from Nominee/	
Guardian of nominee (Annexure-D)	
(ii) Copy of Death Certificate (Verified with original)	
(iii) Identify proof (as defined at point 'A (ii), under Documentation)	
2. Joint Accounts with Either or Survivor clause:	
(i) Application for Deceased Claim from Survivor(s) (Annexure-D)	
(ii) Copy of Death Certificate (Verified with original)	
(i) Application for Deceased Claim (Annexure –E)(ii) Copy of Death Certificate	
(iii) Affidavit (as per Annexure-I)	
(iv) Letter of Authority (as per Annexure J) if amount to be paid to one legal heir on behalf of others	
(v) Letter of Indemnity signed by claimant(s)(Annexure –F)	
(vi) Office note as per annexure K (if the claim is to be approved by RO/HO)	For Bank use only
3. B. For cases other than Nomination/Joint Acce (For amounts up to sub-threshold limit i.e., for cases	
(i) Application for Deceased Claim (Annexure –E)	
(ii) Copy of Death Certificate	
(iii) Undertaking on plain paper (as per Annexure- H)	
	ed in all cases

Annexure – D(Revised- 2012)

Application for Deceased claim

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

From

To The Branch Incumbent, Oriental Bank of Commerce Branch

Dear Sir, Deceased Account Late Shri/ Smt...... Account No(s).....

l/We	inform	the	demise	of	Shri/S	Smt.					on
		·	. He/She	holds	the	above	account(s)	at	your	branch.	The
accour	nt is in the	name	(s) of:						_	_	

A. In case of Nomination

I,....son/daughter of Shri.....

......residing atam

- (i) the registered nominee in the above account(s).

Please settle the balance in the account in the name of the nominee. I/we **shall** 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.

Death Certificate issued by ____

Identity proof (required in nomination cases)

Place:	
Date:	

Yours faithfully,

(Claimant(s))

Annexure –E (Revised- 2012)

Application for Deceased claim

(To be used for cases other than Nomination / joint account with survivor clause)

From

To The Branch Incumbent Oriental Bank of Commerce _____ Branch

Dear Sir,

Re: Deceased Account Late Shri/Smt..... Account No(s).....

l/We	advise	the	demise	of	Shri/S	Smt.					on
		•	He/She	holds	the	above	account(s)	at	your	branch.	The
accour	nt(s) is/are	in the	name of:						-	·	

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.

1.	Names in full of the parents of the decease	ed:
Fat	her:	whether alive yes/no
Мо	ther:	whether alive yes/no

2. Religion of the deceased: _____

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) **children and spouse of predeceased children** (vii) Brothers (viii) Sisters. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Full Name/Address	Occupation	Relationship with Deceased	Age
(i)			
(ii)			
(iii)			
(iv)			
(V)			
(vi)			
 4. Name or Names of the Guardian/s of the minor Children of the Deposite (a) Whether Natural Guardian (b) Whether Guardiar appointed by a Co of Law in India. If attach a certified co or duly attested co such Order (c) In whose custody Minor/Minors is / a 	r or : n : urt so, sopy opy of the :		
5. Claimant/s name/s and address in full	:		
(ii)			
6. Whether the deceased h	as left any will,	if so, name of executor	

7. Liabilities in the name of deceased depositor in any branch of OBC.....

(Annexure – E: Page 3)

I/We submit the following documents. Please return the original death certificate to us after verification:

- 1. Death Certificate (Original + 1 photocopy) issued by: _____
- 2. Indemnity Bond
- 3. Affidavit
- 4. Letter of Authority

We request you to pay the balance amount lying to the credit of the above named deceased after deducting the liability, if any toon 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.

Place:

Yours faithfully,

Date :

Signature of Claimant(s)

(i) Name of Claimant

Address

Signature

(The draft of the Indemnity Bond after completing the blanks be got typed on a non-judicial stamp paper of the value to be verified locally. Every cutting should be initialed by all the executants.)

						ANNEXUI	∢E 'F' (Re	vised- 2	012)
			INDE	MNIT	Y BONI	<u>)</u>			
THIS	INDEMNITY	BOND	made	at		on		day	of
by									
 R/O									
		-	-		-		-	-	
Part and									
1. S	Shri			_, son	of				,
resident	of								
2. S	Shri			_, son	of				,
resident	of							_ (herein	after
called th	e 'Sureties wh	ich express	sion shall	l unless	repugnan	t to the con	ext inclu	de their h	neirs,
executor	s, administrato	rs, successo	ors and a	ssigns)	of the Sec	ond Part in f	avour of '	Oriental I	Bank
of Com	merce, a body	corporate	with p	erpetual	Success	ion constitu	ted under	the Ban	king
Compan	ies (Acquisitio	n and Trai	nsfer of	Underta	ukings) A	ct, 1980, ha	ving its H	lead Offic	ce at
Harsha 1	Bhawan, E-Blo	ock, Conna	ught Pla	ice, Ne	w Delhi a	and having	amongst c	other plac	es a
branch o	of the Bank a	t				(herein	after calle	d the 'B	ank'
Third Pa	rt.								
WHERE	EAS the Princi	pal Party/I	Parties a	nd the	Sureties	have repres	ented to t	he Bank	that
Shri/Sm	t.				had died	l at			on

ANNEXURE 'F'(Revised- 2012)

	and that he/sl	he at the time of his/her	death had following account/s
with the Bank –			
Sr. no.	Account No./s	Type of Account/s	Credit Balance (In Rs.)
1			
2			
3			

AND WHEREAS the Principal Party/Parties and the Sureties have represented and assured to the Bank that Shri/Smt._____ has left behind the following as his/her only legal heirs

 Sr. No.
 Name of Legal Heirs
 Age (in years)
 Relation with the Deceased

 1
 2
 3

and they have requested the Bank to make payment of the balance in the abovementioned account/s to Smt./Shri______ on their behalf as per the Authority Letter dated ______ / Affidavits submitted by other legal heirs of the deceased or to themselves jointly.

AND WHEREAS the Bank has agreed to the request of the Principal Party/Parties and the sureties and on their agreeing to indemnify and furnish guarantee to the Bank in the event to their being any other claims to the aforesaid amount or in the event of their being any loss or damage caused to the Bank as hereinafter mentioned, to make payment of the balance in the abovementioned account/s aggregate amount of Rs _____

NOW WHEREOF THIS INDEMNITY BOND witnesseth that in pursuance of the said agreement and in consideration of the Bank paying amount of Rs _______ or to themselves

jointly with interest as per the policy of the Bank as applicable from time to time, receipt

ANNEXURE - F(Revised- 2012)

whereof will be furnished by the recipient at the time of receiving the payment which will be binding and acceptable upon / to all the parties concerned and will be read as part of this Indemnity Bond.

The Principal Party/Parties and the Sureties do hereby jointly and severally undertake and keep the Bank harmless and indemnified against any loss, damage, cost, claim, interest or expenses for which the Bank may be held liable to suffer, pay or incur in consequence of its having paid the amount to the Principal Party/ Parties. The sureties also guarantee the payment of the said amounts and agrees to pay the same after demand in writing for which the Bank is made liable to pay or suffer.

IN WITNESS WHEREOF the parties hereby have set their respective hands hereunder the day, the month and the year first above written in the presence of :

<u>WITNESSES</u> :	1.
	2.
1. Address	3.
	4.
2. Address	
	1 2.
	(SURETIES)

MANAGER

ORIENTAL BANK OF COMMERCE

(A GOVT. OF INDIA UNDERTAKING)

<u>N.B.</u>: Each page of the Indemnity Bond should be got signed by all the legal heirs of deceased depositor & surities at the time of release of amount.

Annexure -G (Revised- 2012)

<u>RECEIPT</u>

Received	with thank	s from Oriental	Bank of (Commerce	э,				_ brane	ch, a	
sum of R	S	(R	upees					only) by			
Banker's	Cheque	No		dated				in	favour	of	
							in	full	and	final	
settlement	t of my/ou	r claim as suc	cessor o	n the bala	ance ii	n			Accou	nt(s)	
No(s)		standing	in the	name of	the	decea	ased	l Sh	ri/Smt/ŀ	Kum.	
			I/M	/e do not	have	any o	othe	r clai	m from	the	
Bank hend	ceforth.										
Place:											
Date:											
				(S	0	ire of a ver a re		0	al heirs tamp)		

DECLARATION in case funds are settled in favour of a Minor

I,----- father/ mother and natural guardian of ------ hereby certify that the proceeds of your Banker's Cheque No.----- dated------ favoring ----- issued by you in settlement of the balance in account number ----- of Late-------will be utilized for the benefit of the minor only.

(Signature of father/mother)

(To be obtained from all legal heirs on Plain paper with photos of legal heirs affixed thereon)

Annexure –H(Revised- 2012)

Undertaking format

(for cases under Sub-Threshold limit. i.e., for cases of Rs 5000/- and below)

UNDERTAKING WITH RESPECT TO PAYMENT OF BALANCE IN THE DECEASED CONSTITUENT'S ACCOUNT WITHOUT PRODUCTION OF <u>LEGAL</u> <u>REPRESENTATION</u>

То

• •		
The Branch Incu	umbent	
Oriental Bank of	f Commerce	
Braı	nch	
In consideration	of your paying or agreeing to pay me/us,	
Insert here the	1)	
Name(s)	2)	
Claimants	3)	
	4)	
	5)	
The sum of		
•	credit of Savings Bank/Current/R.D. Account No. etc	with
your bank in the	e name of Shri/Smt./Kum	

since deceased, without production of Letters of Administration or a Succession Certificate, I/We jointly and severally undertake to refund the said amount with applicable rate of interest to Oriental Bank of Commerce or its successors or assigns, in the event of there being any other claimant/s to the above amount and the bank is made to pay such rival claims. Place:

Date:

- 1. _____
- 2. _____
- 3. _____
- 5.

(Signatures of heirs /claimants of the deceased)

Witness: 1

2.

ANNEXURE 'I' (Revised- 2012)

AFFIDAVIT

l/We											,
*son/daug	ghter/wi	dow/mo	ther o	f Shr	i				, ageo	d about	
years, rea	sident o	of									do
hereby so											
1.	That	my	*f	athe	/mother/	'husban	d/wife/da	aughter	,	*Shri/Si	mt./Km.
					, die	dat_					on
				•	py of de						
2.	That	Late	*Shri/S	Smt./I	≺m						during
	his/her	life	tir	me	had			noted		count/s	with
					bra	inch of (Oriental	Bank of	Com	merce :-	
		of Acco	<u>ount</u>			<u>No.</u>	of Accou	<u>unt</u>		<u>Credit</u>	
	Balanc	<u>e</u>									
									Rs.		Ρ.
	- 1 (44										
3.					/					-	е
		• •			her only	•				a.	
	Name	of Lega	al Heir				nip with		<u>Age</u>		
					the	deceas	sed		•	ne of clai	
										er date c	of birth be
	a)									, (), (), (), (), (), (), (), (), (), ()	
	b)										
	c)										
	d)										
	e)										
4.	That	there	are	no	other	legal	heirs	of L	ate	*Shri/Si	mt./Km.
					except t	he pers	ons mer	ntioned i	n the	above p	oara.

5. That the deceased depositor has/has not left a Will.

ANNEXURE 'I'(Page 2)

- 6. That no dispute or proceedings are pending any Court of Law with respect to the amount lying in the account/s of *Late Shri/Smt./Km._____ mentioned in Para No.2 above.
- 7. That the balance lying in the aforementioned account/s of deceased *Shri/Smt./Km._____ be paid to Shri/Smt./Km._____ his/her legal heirs on our behalf and the deponent shall execute the indemnity bond along with other claimants indemnifying the Bank for the said payment being made jointly to all the legal heirs and representatives.

DEPONENT/S

VERIFICATION :-

Verified at_____ on this _____ day of _____ that the contents of Para 1 to 7 of the above affidavit are true to my knowledge and nothing material has been concealed.

DEPONENT/S

<u>N.S.</u>

- 1. *Strike out whichever is not applicable.
- 2. The affidavit is to be typed on the non-judicial stamp paper of the value to be verified locally and should be properly attested by Notary Public or by a Magistrate (1st Class).
- 3. Any cutting etc. in the affidavit should be initialed by the deponent and the attesting authority.
- 4. The affidavit/s in original executed by all the legal heirs should be obtained alongwith other claim papers.
- 5. Photograph of the deponents (Legal heirs shall be affixed thereon)
- 6. In case of Hindu/ sikh/ Buddhist /Jain male deceased, the mother will also be class I legal heir.

(on plain paper) ANNEXURE 'J'(Revised- 2012)

LETTER OF AUTHORITY

I/We		,					
S/O W/O D/O			aged	about		у	ears,
R/O			_			heirs of	the
deceased	Late		Shri/Sn	nt			,
S/O			do		reby		orize
Shri/Smt		, S/O W	!/O			,	aged
about						У	ears,
R/O							to
accept payment	of Rs					lying	g in
	A/c with					bran	ch of
Oriental Bank of	Commerce in	the name	of La	te			

I/We hereby solemnly declare that I/We shall make no claim on the Bank in respect of the amount above mentioned and I/We hereby surrender my/our right, title and interest in the said money in favour of Shri/Smt._____, the recipient of the amount.

Dated :	
---------	--



Names of the claimant/legal heirs