

Application form regarding payment of Balance of Account of deceased Account Holder:

From :

Name : -----

Address : -----

Date :

To,

The Manager,
Jana Seva Sahakari Bank Ltd.
..... Branch.
Mumbai-400068.

Sir,

Ref : Current / Saving Bank Account No./MR NO -----

I/We furnish the following particulars in connection with the above account and request you to repay the balance of the account against an Indemnity Bond.

1. Name of deceased Account Holder : -----

2. Name/s of Applicant/s : -----

3. Amount claimed & nature of the account concerned : Rs. -----

Current / SB A/c No/MR NO -----

4. Has the deceased left a will? : Yes / No

If so, give names of the : -----

executors Named in such will -----

Has a Probate been obtained : Yes / No

If not, give reasons why such : -----

Probate has not been obtained -----

5. If the deceased has not left a will, has any form of legal representation been obtained to its Estate such as a Succession Certificate, Letters of Administration or an Administrator General's Certificate? If so, by whom?

6. If the deceased was married, did he / she leave a widow / widower and / or a child or children or child or children or a pre-deceased child? Any Minors? Is so, is there a legal or natural guardian?

7. If the deceased did not leave a widow / widower and / or a child, children or issue, did he / she leave him / her surviving any parent , brother, sister or children of pre-deceased brother or sister?

8. What is the relationship of the claimants with the deceased?
Are they all the heirs?

9. If the deceased was Hindu and the balance of the amount is claimed as Joint Family Property. Who are the other members of such Joint Family, who is the Karta of such Joint Family?

10. Are there any unsatisfied creditors?

11. What is the position regarding liability to and payment of Estate Duty?

12. Has the deceased left any other assets? If so, who is / are the claimant / s there to? How has / have such claimant /s acquired title to such assets?

13. If in service, was he / she entitled to any Provident Fund ?
If he / she was, whom did he / she nominate to receive such Provident Fund ?

14. Was the life of the deceased assured ? if so, to whom have the money been paid ?
Was there a nomination or assignment in respect of the assurance money ? If so to whom?

15. Names of Two Sureties, with full addresses and occupation :-

1) Name-----
Address-----

Occupation -----
Signature : _____

2) Name -----
Address-----

Occupation -----
Signature : _____

16. Any other facts which the Applicant/s want/s to state in support of his / her /their claim.

PLACE :

DATE :

Signature of Applicant /s

Documents Required :

- 1) Death Certificate of Deceased Member
- 2) 1 Photo of Applicant
- 3) Relation proof with Deceased Member-Ration card
- 4) Address proof of Applicant including ID Proof with PAN Card
- 5) Address proof of Sureties including ID Proof with PAN Card
- 6) KYC & NOC of all Legal heirs
- 7) Covering letter