

**Application Form for Settlement of Claim in Deposit Accounts /
Release of Contents of Safe Deposit Lockers kept by Deceased Customer
(cases with Nomination or Joint Account with survivorship clause)**

Date

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The Branch Manager

RBL Bank Limited,

_____ Branch

Dear Sir / Madam,

Claim as *Nominee/ Survivor for Payment of Balances in the *Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return kept by Shri/ Smt./ Kum. _____
(Name of *Deceased/ Missing Customer)

I/ We _____ (Nominee(s)/ Survivor(s)) hereby declare that I am/ we are the *Nominee(s)/ Survivor(s)/ appointed as Guardian of a Minor Nominee/ Survivor in the *Deposit Accounts/ Safe Deposit Lockers kept by Shri/ Smt./ Kum. _____ (Name of Deceased/ Missing Customer) who *expired on _____ / is missing/ not traceable since _____.

2. I/ We furnish below the required information about the deceased customer:

(a) **Date and Place of Death** _____.(b) **Details of Death Certificate** No. _____ dated _____ Authority _____ (copy enclosed).
(Original to be produced for verification)(c) **Age (as on the date of death)** : _____ Yrs.(d) **Marital Status (as on the date of death)** : Married/ Unmarried/ Widow(er)(e) **Address:** _____

City / District: _____ PIN: _____ State: _____ Country: _____.

3. I/ We, therefore, submit my/ our Claim as Nominee(s)/ Survivor(s)/ Guardian on behalf of Minor Nominee/ Survivor for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers/ return kept by deceased customer as per details given below:

a. **Deposit Accounts**

Sr. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD/RD/Smart Deposits)
1.				
2.				
3.				
4.				
Total				

b. **Safe Deposit Locker** No. _____ Mode of Holding: _____

Details of Articles (if known): _____

4. **Details of Nominee(s)/ Survivor(s):**

4.1 I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) in deposit accounts of the deceased to the account(s) given below:

Sr. No.	Detail of nominee(s)/ survivor(s)		Mobile Number	Email Address	Bank Name, Account Type & Number, and IFSC details	DD (Yes or No) (DD will be issued in the name of claimant)
	Name	Address				
1.						
2.						
3.						
4.						

*For Fund transfer (NEFT/RTGS), cancelled cheque copy of beneficiary bank to be attached

