

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

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

The Branch Manager

RBL Bank Limited,

_____ Branch

Madam/ Dear Sir,

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

I/ We _____ (Claimant(s)) hereby declare that I am/ we are the claimant(s) in the *Deposit Accounts/ Safe Deposit Locker/ 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** _____ Yrs.
- (d) **Marital Status** : Married/ Unmarried/ Widow(er)
- (e) **Address**: _____

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

(f) **Religion**: _____**Mention which law of succession is applicable** _____ (Hindu, Mohammedan, etc.)(g) **Name, Relation & Age of the legal heir(s) of the deceased:**

Sr. No.	Name & Address	Age	Relation	Mobile Number & Email Address	Whether signing Letter of Disclaimer/ No Objection (Yes/ No)
1.					
2.					
3.					
4.					

(h) **In case of minor legal heir(s), details of Natural Guardian/ Legal Guardian:**

Sr. No.	Name of the Minor Legal Heir	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian (to be validated in Antariksh site (online submission))
1.						
2.						

3. I/ We, therefore, submit my/ our Claim for *payment of the balance with accrued interest in deposit accounts/ release of contents of safe deposit lockers of 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): _____

4.1 I/ We undertake that

- (i) I/ We shall hold/ receive the aforesaid amount/ payment in a fiduciary capacity as a trustee of the rightful beneficiary(ies) and any settlement made to me/ us shall not affect their rights.
- (ii) The aforesaid *accounts/ safe deposit lockers/ safe custody articles are not the subject matter of any dispute and that there is no Court order restraining me/ us from claiming or the bank from settling the claim in my/ our favour or otherwise.
- (iii) I/ We authorise the bank to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the bank in relation to credit facilities availed by the Deceased customer or any other dues payable to the bank, from the balance held by the Deceased customer in the aforementioned account(s).
- (iv) To indemnify and hold the bank harmless against any claims, suits, legal proceedings by any legal heirs, executors, administrators, legal representatives, arising out of/ in connection with the settlement of this deceased claim in accordance to this request letter.

4.2 I/ We declare that

(Select the applicable option)

- there is no Will left behind by the Deceased to the best of my/ our knowledge and belief.
- The Will submitted by me/ us is the last Will left behind by the Deceased and the same is not the subject matter of any dispute.

4.3 I/ We lodge my/ our claim for the above *balance with accrued interest/ safe deposit locker/ of the above-named deceased in terms of:

(Select the applicable option)

- Will of Late Shri/ Smt/ Kum. _____ dated _____ (copy enclosed). The Will has neither been Probated nor has any Letter of Administration been obtained with respect to the same.
- Will of Late Shri/ Smt/ Kum. _____ dated _____ and a probate granted by the court of _____ located at _____ vide order dated (copy enclosed).
- Letter of Administration No. _____ dated _____ issued by _____ at (copy enclosed).
- Succession Certificate dated _____ granted by the Court of _____ located at _____ vide order dated _____ (copy enclosed).
- Court decree dated _____ issued by the Court of _____ located at (copy enclosed).
- Legal Heir Certificate granted by at vide order dated _____ (copy enclosed).
- Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased depositor (copy enclosed).

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

Sr. No.	Name of Claimant	Bank Name and A/c No.	IFSC	Branch Details	DD (Yes or No) (DD will be issued in the name of claimant)
1.					
2.					
3.					
4.					

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

For the minor claimant(s), name of such claimant(s) and his/ her natural/ legal guardian are given below:

Sr. No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor
1.				
2.				

5.2 I/ We request the bank to * release the contents of safe deposit lockers/ return the articles in safe custody to the following persons:

Sr. No.	Name of Claimant
1.	
2.	
3.	
4.	

6. I/ We have attached the following documents for the purpose of settlement of my/ our claim

(select the applicable documents):

- *Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)
- Officially Valid Document in support of the identity and address of the Claimant(s) making the claim.
- Will/Probate of Will
- Letter of Administration
- Succession Certificate
- Court Decree/ order
- Legal Heir Certificate
- Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased customer
- Bond of indemnity signed by Claimant(s)

