

CLAIM FORM FOR DEPOSITS IN THE NAME OF DECEASED PERSONS
 (To be used for other than Nominees / Joint account with survivor clause)
 (FOR CLAIMS UPTO Rs. 25000)

From _____

Date :

To,
 The Branch Manager,
 The Baroda City Co Op Bank Ltd

_____ Branch
 Vadodara

Dear Sir,

Ref : Account(s) of the Deceased Late _____
Account(s) No(s). _____

I/we advice the demise of Shri/Smt _____ on _____
 He/She holds the above accounts(s) at your branch.

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:

1. Names in full of the parents of the deceased:
 - a) Father : _____
 - b) Mother : _____
2. Religion : of the deceased : _____
3. Details of surviving legal heirs/if Hindu joint family, the name of and address of the karta and Co-percenters with their respective ages:

| Sr. No. | Name in Full | Age/ DOB | Occupation | Address | Relation with the Deceased |
|---------|--------------|----------|------------|---------|----------------------------|
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4. Name(s) of the Guardian(s) of the minor child of the Depositor: _____

- (a) Whether Natural Guardian: Yes / No
 (b) Whether Guardian appointed by a court of Law in India: Yes / No
 (If yes attached a certified copy of such order)
 (c) Name and full particulars of the Custodian
 Of the Minor Child:

5. Particulars about the Claimant(s):

| Sr No. | Full Name of Claimant(s) | Address of Claimant(s) | Contact Number |
|--------|--------------------------|------------------------|----------------|
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I/We submit the following documents, please return the originals to us after verification.

1. Death Certificate issued by : _____
2. Letter of indemnity : _____
3. Affidavit : _____
4. Legal heirship Certificate : _____

I/We request you to pay the balance amount lying to the credit of the account(s) of the above named deceased to Shri/Smt _____ on our behalf.

I/We hereby solemnly affirm that the above statement are true and correct to the best of my/our knowledge and belief.

Yours faithfully,
 Signature of Claimant(s)

| Sr. No. | Name of Claimant | Signature of Claimant |
|---------|------------------|-----------------------|
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| | | |

Date :

Place :

INDEMNITY

(FOR CLAIMS UPTO Rs. 25000)

(to be stamped as per the stamp Act applicable to Gujarat State)

**Letter of Indemnity with respect to the payment of Balance in the Deceased Constituent's Account
without production of legal representation**

To,
The Branch Manager
The Baroda City Co Op Bank Ltd
_____ Branch
Vadodara

In Consideration of your paying or agreeing to pay me/us.

The Name of Claimants(s):

| Sr. No. | Name of The Claimant(s) |
|------------|-------------------------|
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The sum of Rupees _____ (Rupees _____
_____ only) standing at the credit of saving /current / term
deposit Account(s) no(s) _____ with your
bank in the name of shri/smt _____ since deceased,
without production of letters of admiration or a succession certificate to his/her estate or a certificate from
the controller of Estate duty to the effect that estate duty has been paid or will aid or none is due. I/We do

hereby for myself/ourselves ad my/our heirs, legal representatives executors and administrators, jointly and severally undertake and agree to indemnify you and your successors and assign against all claims, demand, proceeding, losses, damages, charges, and expenses which may be raised against or incurred by you by reasons or in consequences of your having agreed to pay/ or paying me/us the said sum as aforesaid.

Signed and delivered by the above named on this _____ day of _____ 20____ at _____

| Sr No. | Name of the Claimant(s) and legal heirs of the Deceased | Signature(s) |
|---------------|--|---------------------|
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