



**Annexure - N**  
**Application for Deceased claim**

**(To be used when account does not have any nomination/joint account with survivor clause)**

To,

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Branch Manager

Shivalik Small Finance Bank Ltd.

Branch \_\_\_\_\_

Dear Sir,

Ref: Deceased Deposit Account of Shri/Smt. \_\_\_\_\_

Account No(s) \_\_\_\_\_

I/We inform the demise of Shri/Smt. \_\_\_\_\_ on \_\_\_\_\_ He /She hold the above deposit account(s) at your branch. The account/s is/are in the single / joint name(s) of \_\_\_\_\_.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above-named deceased who dies intestate. I/we am/are the legal heirs of the above-named deceased and lodge my/our claim for payment as per the banks' 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 deceased:

Father: Shri \_\_\_\_\_

Mother: Smt. \_\_\_\_\_

2. Religion of the deceased: \_\_\_\_\_

3. Details of living (i) Husband (ii) wife (iii) children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grandchildren. If Hindu joint family, the name and address of the Karta and Co-parceners with their respective ages in the below format:

Name	Address	Occupation	Relationship with the deceased	Age ( in Years)




4. Name/s of the \_\_\_\_\_ Guardian/s of the minor children of the depositor

(a) Whether Natural \_\_\_\_\_  
Guardian

(b) Whether Guardian \_\_\_\_\_

appointed by a Court of Law in India. If so, attach a certified copy of or duly attested copy of such order.

Minor/Minors is/are? \_\_\_\_\_

5. Claimant/s names/s and address in full:

(i) \_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_  
\_\_\_\_\_

(iii) \_\_\_\_\_  
\_\_\_\_\_

(iv) \_\_\_\_\_  
\_\_\_\_\_

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. Letter of Indemnity:

We request you to pay the balance amount lying to the credit of the above-named deceased to \_\_\_\_\_ on my/our Behalf.

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

Yours faithfully,

Name of claimant(s) with Address:



Name	Address	Signature

Place: \_\_\_\_\_

Date: \_\_\_\_\_