



Annexure - M
Application for Deceased claim

(To be used when account has nomination or is a 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 _____.

A. In case of Nomination

I/We, _____ son/daughter of Late Shri/Smt. _____
_____ and is/are residing at _____
_____ is/are:

- the registered nominee in the above account(s); or
- the person authorizes to receive the payment on behalf of Master/Miss _____, who is the nominee in the above account(s) and is a minor as on the date of this claim.



B. In case of Joint Accounts

- I/we request you to delete the name of deceased person and continue the accounts in my/our name(s) with same mode of operations; or
- I/we request you to close the deceased account (s) and settle the amount as per the laid down process and procedure.

I/We have submitted a photocopy of following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by _____.

Identity proof/KYC documents (required in nomination cases) _____

Yours faithfully,

Claimant(s)

Date:

Place: