

NF 1100

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

The Branch Manager

Date:

Canara Bank

_____ Branch

Madam/ Dear Sir,

1. Claim as *Nominee/ Survivor for Payment of Balances in the *Deposit Accounts/ Release of Contents of Safe Deposit Lockers/ Return of Articles in Safe Custody 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/ Articles in Safe Custody 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 of articles in safe custody 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)
1.				
2.				
3.				
4.				
Total				

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

Details of Articles (if known): _____

c. Safe Custody Article Receipt No. _____

Details of Articles (if known): _____

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

4.1 I/ We request the branch 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	Branch Name, Account Type & Number, and IFSC details
	Name	Address	Please fill only the applicable column (either a or b) as per the nomination registered				
			a) Proportion of amount of deposit in percentage in case of simultaneous nomination	b) Order of priority in case of successive nomination			
1							
2							
3							
4							

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

Sr.No.	Detail of nominee(s)/ survivor(s)			Mobile Number	Email Address
	Name	Address	Order of priority in case of successive nomination (as per the nomination registered)		
1					
2					
3					
4					

Where the nomination is made successively in favour of more than one person, the nomination shall be effective only in favour of one person in the order of priority specified

1st Nominee excludes the remaining nominees in successive nomination

Nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination (Death certificate/s has /have to be verified to verify the succession among nominees)

Where the order of nomination is not mentioned, persons shall be deemed to have been nominated in the order in which their names appear in the nomination

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

Sr. No.	Name of the Minor Nominee(s)/ Survivor(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian
1						
2						

5. I/ We undertake that

(i) I/ We shall hold/ receive the aforesaid amount/ articles 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 locker/ 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 branch from settling the claim in my/ our favour or otherwise.

(iii) I/ We authorise the branch to exercise its right to lien and set-off and accordingly, to deduct the outstanding dues which are payable to the branch in relation to credit facilities availed by the Deceased or any other dues payable to the branch, from the balance held by the Deceased in the aforementioned account(s).

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

- *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 Document¹ in support of the identity and address of the Nominee(s)/ Survivor(s) making the claim.

7. The facts stated above are true and correct to the best of my/ our knowledge and belief.

8. Name and signature of the *nominee(s)/ survivor(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:

Sr. No.	Name of nominee(s)/ survivor(s)/ Guardian of Minor Nominee	Signature/ Thumb impression ²
1		
2		
3		
4		

Name and address of witness (in case of claimant(s) placing the thumb impression):

¹ "Officially Valid Document" (OVD) means the passport, the driving licence, proof of possession of Aadhaar number, the Voter's Identity Card issued by the Election Commission of India, job card issued by NREGA duly signed by an officer of the State Government and letter issued by the National Population Register containing details of name and address.

² In case a claimant is unable to sign, he/ she may place the thumb impression in the presence of a witness known to the branch.

Signature of witness:

*(Delete whichever is not applicable)

Documents submitted:

1. Death certificate (of deceased customer)/ First Information Report (FIR) and the non-traceable report issued by police authorities (in case of missing person)
2. Officially Valid Document in support of the identity and address of the Nominee(s)/ Survivor(s) making the claim.
3. Death certificate of nominees (if any)
4. Other documents (if any)

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Recommendation:

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. All the necessary documents have been obtained. The claim may be paid to the claimants.

*(Strike out if not applicable)

Any other remarks:

Place:

Signature

Date:

Name:

Designation

(Recommending Authority)

Sanction:

Sanctioned payment of Rs.(Rs.....) in accounts/ handing over of contents/articles in Safe Deposit Locker/Safe Custody of Late _____ to claimant(s).

Place:

Signature

Name:

Date:

Designation:

(Sanctioning Authority)

Disbursement & Record:

Amount of Rs. _____ (Rupees.....) paid by way of

1. Banker's cheque No. _____ Dated _____ and receipt obtained.
2. Credited to claimant's Account No. _____ maintained with _____ Branch and copy of statement of account carrying the relevant entry maintained on record as part of the claim settlement.
3. Credited to claimant's Account No. _____ maintained in India with..... Bank.....Branch through RTGS/NEFT vide UTR No.....Datedand copy of acknowledgement of electronic transfer credit maintained on records as part of claim settlement.
4. Handed over contents/articles of safe deposit Locker/safe custody account/receipt to claimant and acknowledgement kept on record as part of the claim settlement.

All the documents pertain to this claim settlement have been kept on Branch record.

Place:

Signature

Name :

Date:

Designation:

(Disbursing Authority)