

## Death Claim Form- Nomination

To  
The Branch Head,  
CITIZEN CREDIT Co-operative Bank Ltd.,  
\_\_\_\_\_ . Branch

Dear Sir/Ma'am,

I regret to inform that Mr./Mrs./Ms. \_\_\_\_\_  
has expired on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I hereby claim the Deposits held by the deceased. An attached copy of the death certificate is attached.

### DETAILS OF THE CLAIMANT/NOMINEE

Name: \_\_\_\_\_.

Address: \_\_\_\_\_.  
\_\_\_\_\_ . Pincode: \_\_\_\_\_.

Tel. (Res.): \_\_\_\_\_ (Off.): \_\_\_\_\_.

Mobile: \_\_\_\_\_.

Proof of Address: Aadhaar    Passport    Driving License    Voters ID    Others

PAN: \_\_\_\_\_.

### DETAILS OF THE DEPOSIT ACCOUNTS HELD BY THE DECEASED

Sr. No.	Account No.	Amount	Name of the Nominee & Relationship
1			
2			
3			
4			
5			
6			

I declare that the particulars stated in this claim form are true & correct to the best of my knowledge and belief. I am liable to the Bank for any misrepresentation or suppression of material fact done by me. I further declare that the documents submitted with this claim form are authentic. I indemnify the Bank against any losses including financial losses arising out of demand(s) made on the Bank by any other person(s)/entity in respect of claim/counterclaims against the above mentioned accounts. Please settle the balance lying in the aforesaid accounts after adjusting liabilities if any of the deceased. I hereby accord my consent to receive the payment as a trustee of the legal heir(s) of the deceased.

Place: \_\_\_\_\_, Date: \_\_\_\_\_, Signature of the Claimant: \_\_\_\_\_.