

Annexures:

Reference number	Title of annexure
Annexure I-A	Application form for cases <u>with</u> nomination OR cases <u>with</u> Joint account with survivorship clause
Annexure I-B:	Application form for cases <u>other than</u> nomination OR cases <u>other than</u> joint account with survivorship clause
Annexure I-C	Bond of indemnity/ surety
Annexure I-D	Letter of disclaimer/ no objection
Annexure I-E	Declaration/ affidavit
Annexure I-F	Form of Inventory of Contents of Safe Deposit Locker
Annexure I-G	Form of Inventory of Articles left in Safe Custody
Annexure I-H	Bond of indemnity with respect to delivery of contents of safe deposit locker/ articles kept in safe custody by the deceased customer
Annexure II	Acknowledgement from claimant for receipt of funds
Annexure III	Incomplete/ discrepant deceased claim settlement request received from claimant
Annexure IV	Letter of indemnity for settlement of deceased claim of missing persons
Annexure V	Declaration for updation of taxable CIF (with PAN)
Annexure VI	Indemnity from legal heirs for collection of property papers
Annexure VII	Indemnity from simultaneous nominee for part settlement

Annexure I-A: 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 cases with Joint account with survivorship clause)

To

Date:

The Branch Manager,
 AU Small Finance Bank Limited
 _____ Branch

Dear Sir/ Madam,

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 _____.

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).
 (Originals 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: _____.

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:

Deposit accounts:

S.N.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
Total				

Safe Deposit Locker No. _____ **Mode of Holding:** _____
 Details of Articles (if known): _____

Safe Custody Article Receipt No. _____
 Details of Articles (if known): _____

Details of Nominee(s)/ Survivor(s): I/ We request the bank 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 **or issue a demand draft**

SN	Detail of nominee(s)/ survivor(s)		Mobile number / e-mail address	DOB	Select anyone nominee/ survivor for claim related communication	Bank details
	Name	Address				
1					Mobile () e-mail ()	Bank name: _____ Account no: _____ IFSC: _____ Demand draft: <input type="checkbox"/>
2					Mobile () e-mail ()	Bank name: _____ Account no: _____ IFSC: _____ Demand draft: <input type="checkbox"/>
3					Mobile () e-mail ()	Bank name: _____ Account no: _____ IFSC: _____ Demand draft: <input type="checkbox"/>
4					Mobile () e-mail ()	Bank name: _____ Account no: _____ IFSC: _____ Demand draft: <input type="checkbox"/>

Note: Copy of cancelled cheque/ copy of passbook/ latest bank statement to support Bank details to be attached

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

S.N.	Detail of nominee(s)/ survivor(s)		Mobile number	Email address
	Name	Address		

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

S.N.	Name of the Minor Nominee(s)/ Survivor(s)	DOB	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile number and email address of the guardian

I/ We undertake that:

- 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.

Service Instruction no. _____ Customer ID _____ UCIC

Branch code & name _____

Service staff authorization	BOSM/BM authorization
I confirm that I have personally met the claimant(s) and the claimant(s) have signed the form and supporting documents in my presence, all photocopies submitted by claimant(s) are verified against originals	All the documents, details submitted by claimant have been found appropriate, I authorize the submission of the claim to CPC for further processing.
Date & time :	Date & time :
Emp ID:	Emp ID:
Signature with branch stamp:	Signature with branch stamp:

AU SMALL FINANCE BANK LIMITED- FINAL CUSTOMER ACKNOWLEDGMENT FOR DECEASED CLAIM

Received from _____, _____, _____,
 _____,

Account Nos _____ / _____ / _____

Service Instruction No. _____ Service Instruction Details _____

Branch name & stamp _____ Date _____ Emp ID & Sign of Branch official _____

AU SMALL FINANCE BANK LIMITED- INTERIM CUSTOMER ACKNOWLEDGMENT FOR DECEASED CLAIM

Received from _____, _____, _____,
 _____,

Account Nos _____ / _____ / _____

List of documents received: _____ List of documents pending: _____

Branch name & stamp _____ Date _____ Emp ID & Sign of Branch official _____

Annexure I-B: 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 other than nomination OR cases other than joint account with survivorship clause)

To

Date: _____

The Branch Manager,
 AU Small Finance Bank Limited
 _____ Branch

Dear Sir/ Madam,

Claim for payment of balances in the *deposit accounts/ release of contents of safe deposit locker/ return of articles in safe custody kept by shri/ smt./ kum. _____ (name of deceased/ missing customer)

I/ We _____ (Claimant(s)) hereby declare that I am/ we are the claimant(s) in the *Deposit Accounts/ Safe Deposit Locker/ Articles in Safe Custody kept by Shri/ Smt./ Kum. _____ (Name of Deceased/ Missing Customer) who *expired on _____/ is missing/ not traceable since _____.

I/ We furnish below the required information about the deceased customer:

- **Date and place of death:** _____
- **Details of death certificate No.** _____ dated _____ Authority _____ (copy enclosed). (Original to be produced for verification)
- **Age:** _____ Yrs.
- **Marital Status:** Married / Unmarried/ Widow(er)
- **Address:** _____
- **City/ District:** _____ **PIN:** _____ **State:** _____ **Country:** _____
- **Religion:** _____
- **Mention which law of succession is applicable** _____ (Hindu, Mohammedan, etc.)
- **Name, Relation & DOB of the legal heir(s) of the deceased:**

SN	Name & Address	DOB	Relation	Mobile Number	email address	Select anyone legal heir for claim related communication	Whether signing letter of disclaimer/ no objection (Yes/ no)
						Mobile () e-mail ()	
						Mobile () e-mail ()	
						Mobile () e-mail ()	

- In case of minor legal heir(s), details of Natural Guardian/ Legal Guardian:

S.N.	Name of the Minor Legal Heir	Date of Birth	Name of the Guardian	Relationship with Minor	Address of the Guardian	Mobile Number and Email address of the Guardian

Type of claim: Without nomination Jointly operated account

I/ We, therefore, submit my/ our Claim 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:

Deposit Accounts:

S.N.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)

Safe Deposit Locker No. _____ Mode of Holding: _____

Details of Articles (if known): _____

Safe Custody Article Receipt No. _____

Details of Articles (if known): _____

I/ We undertake that

I/ We shall hold/ receive the aforesaid amount/ payment 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 lockers/ 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 bank from settling the claim in my/ our favour or otherwise.

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

(iv) To indemnify and hold the bank harmless against any claims, suits, legal proceedings by any legal heirs, executors, administrators, legal representatives, arising out of/ in connection with the settlement of this deceased claim in accordance to this request letter.

I/ We declare that

(Select the applicable option)

there is **no** Will left behind by the Deceased to the best of my/ our knowledge and belief.

The Will submitted by me/ us is the last Will left behind by the Deceased and the same is not the subject matter of any dispute.

I/ We lodge my/ our claim for the above *balance with accrued interest/ safe deposit locker/ articles in safe custody of the above-named deceased in terms of:

(Select the applicable option)

Will of Late Shri/ Smt/ Kum. _____ dated _____ (copy enclosed). The Will has neither been Probated nor has any Letter of Administration been obtained with respect to the same.

Will of Late Shri/ Smt/ Kum. _____ dated _____ and a probate granted by the court of _____ located at _____ vide order dated _____ (copy enclosed).

Letter of Administration No. _____ dated _____ issued by _____ at _____ (copy enclosed).

Succession Certificate dated _____ granted by the Court of _____ located at _____ vide order dated _____ (copy enclosed).

Court decree dated _____ issued by the Court of _____ located at _____ (copy enclosed).

Legal Heir Certificate granted by _____ at _____ vide order dated _____ (copy enclosed).

Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased depositor (copy enclosed).

I/ We request the bank to transfer the balance payable (after making the required adjustments, set-off, if any) to the account of claimant(s) given below:

S.N.	Name of Claimant	Bank Name	Branch Details	Account number	IFSC	Demand Draft
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

S.N.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor

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

S.N.	Name of Claimant

I/ We have attached the following documents for the purpose of settlement of my/ our claim (select the applicable documents):

- *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 Document³ in support of the identity and address of the Claimant(s) making the claim.
- Will/ Probate of Will
- Letter of Administration
- Succession Certificate
- Court Decree/ order
- Legal Heir Certificate
- Declaration/ Affidavit from an independent person regarding the legal heir(s) of the deceased customer
- Bond of indemnity signed by Claimant(s)
- Bond of indemnity/ surety signed by Third Party(ies)
- Letter of disclaimer/ no objection from non-claimant legal heir(s)

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

Name and signature of the claimant(s) who will receive the balance payable/ articles in safe deposit locker/ safe custody:

S.N.	Name of the Claimant/ Guardian of Minor Claimant	Signature/ Thumb impression

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

Signature of witness:

*(Delete whichever is not applicable)

Note 1: AU Bank is not responsible for any delay in disposal of the claim due to lack of full particulars furnished in this application and may insist on calling for a Legal Document in case there are disputes among legal heirs and all of them do not join in indemnifying the bank, or give Letter of Disclaimer/ No Objection, or where the bank has reasonable doubt about the genuineness of the claimant(s) being the only heirs of the deceased customer. The bank shall duly advise the claimant(s) in such cases.

2: In case the bank receives multiple claims from legal heirs of the deceased or in cases where there are inter se disputes amongst the legal heirs or a third party produces Will of the deceased, the bank shall not settle the claim unless the concerned party produces an Order/ Decree from Competent Court or Probate of the Will (as may be applicable), till such time the claim shall be kept on hold/ pending.

----- **Bank use section** -----

Received from _____, _____, _____,

Type of claim: Survivorship Successive nomination Simultaneous nomination

Service Instruction no. _____ Customer ID _____ UCIC _____

Branch code & name _____

Service staff authorization	BOSM/BM authorization
I confirm that I have personally met the claimant(s) and the claimant(s) have signed the form and supporting documents in my presence, all photocopies submitted by claimant(s) are verified against originals	All the documents, details submitted by claimant have been found appropriate, I authorize the submission of the claim to CPC for further processing.
Date & time :	Date & time :
Emp ID:	Emp ID:
Signature with branch stamp:	Signature with branch stamp:

AU SMALL FINANCE BANK LIMITED- FINAL CUSTOMER ACKNOWLEDGMENT FOR DECEASED CLAIM

Received from _____, _____, _____,

Account Nos _____ / _____ / _____

Service Instruction No. _____ Service Instruction Details _____

Branch name & stamp Date Emp ID & Sign of Branch official

AU SMALL FINANCE BANK LIMITED- INTERIM CUSTOMER ACKNOWLEDGMENT FOR DECEASED CLAIM

Received from _____, _____, _____,

Account Nos _____ / _____ / _____

List of documents received: List of documents pending:

Branch name & stamp Date Emp ID & Sign of Branch official

Annexure I-C: BOND OF INDEMNITY/ SURETY*

(To be duly stamped as per the Stamp Act applicable to the State)
(For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

The Branch Manager

Date: _____

_____ Bank
_____ Branch

IN CONSIDERATION of your paying or agreeing to pay us,
(Mention here the name of the claimant(s))

- 1. _____
- 2. _____
- 3. _____
- 4. _____

the sum of Rupees _____ standing at the **credit of following deposit accounts with your bank in the name of Shri/ Smt./ Kum. _____ since deceased, without production of a Court Order or Probate of Will or Letter of Administration or a Succession Certificate to his/ her estate:

S.N.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
Total				

We, _____, do hereby for

(Mention here the Name of the **claimant(s)/ surety(ies))

ourselves and our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you, the bank, its officers/ Directors, and its successors and assignees against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/ or paying the said sum to the claimant(s) as aforesaid.

SIGNED AND DELIVERED by the above named

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(Heir(s)/ claimant(s) of the deceased customer)

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

*SIGNED AND DELIVERED by the above named

- 1. _____
- 2. _____

(Sureties)

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

* Surety is applicable only in case of claims above the threshold limit.

** (Delete whichever is not applicable)

Opinion Report on Surety

A. Details to be furnished by the surety

1	Name in Full	
2	Address	
3	Academic Qualification	
4	Age	
5	Occupation (If employed, please state the name of the employer and since when employed).	
6	Present Monthly Income/ Salary	
7	Total yearly income from all sources	
8	No. of dependents	
9	Personal Assets	
a.	Immoveable Property, viz., land/ Building, etc. (please give details of acquisition, present value, etc.)	
b.	Investments (Term Deposits, Shares, etc., if any)	
c.	Life Insurance Policy	
d.	Other Assets	
e.	Details of Bank Accounts, if any (Name and address of Bank with Account No. (Savings bank/ Current) to be furnished).	
10	Personal Liability, if any	
11	Please indicate whether surety is related to claimant(s) Yes/No	
12	Period for which claimant(s) are known	Yrs

I confirm that all the statements made by me in this application are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature
(Surety)

B. Remarks of the Bank Official

Annexure I-D

LETTER OF DISCLAIMER/ NO OBJECTION

(To be duly stamped as per the Stamp Act applicable to the State)

The Branch Manager

_____ Bank

_____ Branch

Dear Sir,

Details of deposit account(s)/ safe custody articles/ safe deposit locker in the name of Shri/ Smt./ Kum. _____ since deceased are as follows:

a. Deposit Accounts

S.N.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
Total				

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

c. Safe Custody Article Receipt No. _____

Details of Articles (if known): _____

2. With reference to the above account(s)/ safe deposit locker/ safe custody articles, I/ We, the legal heirs of Shri/ Smt./ Kum. _____ (Name of deceased customer), have to advise that we have no interest in the above deposits/ assets and as such we have no objection to your paying the *balance amount in the above account(s)/ releasing the contents in safe deposit locker/ returning the safe custody articles lying with you in the name of the aforesaid Shri/ Smt./ Kum. _____ (Name of the deceased customer) to Shri/ Smt./ Kum.:

1. _____
2. _____
3. _____
4. _____

Such payment of the *balance in the above account(s)/ release of the contents in safe deposit locker/ return of the safe custody articles would be completely binding on us and we will not question the bank's action in doing so. I/ We undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

S. N.	Name of the Non-claimant Legal Heir(s) (who relinquish their rights)	Age (yrs.)	Signature

Signed on this _____ day of _____ two thousand _____.

*(Delete whichever is not applicable)

Annexure I-E

DECLARATION/ AFFIDAVIT

(To be duly stamped as per the Stamp Act applicable to the State)

I, _____ S/D/O _____

residing at _____

do hereby make oath*/solemnly affirm and say as follows:

That Shri/ Smt. /Kum. _____ (Name of the deceased customer) hereinafter, referred to as “the deceased” died intestate on _____ at _____.

2. That I know the deceased and his/ her family since the last _____ years.

3. That at the time of his/ her death, the deceased left surviving him/ her the following persons who according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased on an intestate succession:

S.N.	Name	Age (yrs.)	Relationship with the deceased
1			
2			
3			
4			

4. That I am not related in any manner whatsoever to the deceased or any of the above-mentioned persons nor have I any claim or interest of whatsoever nature in the estate of the deceased.

5. That I am informed, and I verily believe that the deceased has left certain *deposits/ safe deposit locker/ articles in safe custody with the _____ Bank _____ branch, to which the above-mentioned persons are entitled to claim.

6. That I am making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the _____ Bank _____ branch, has agreed at my request to make payment of the amount of the deposits and *deliver the articles in safe deposit locker/ safe custody to the above mentioned persons without requiring production of a grant of legal document to the estate of the deceased from a competent Court by them.

*Sworn/ solemnly affirmed at this _____ day of _____ two thousand _____.

(Signature of Declarant)

in the presence of _____

before me

Notary Public/ Judge/ Magistrate**

*(Delete whichever is not applicable)

** The declaration is required to be sworn as an affidavit before a Notary Public/ Judge/ Magistrate only if the claim amount is above the threshold limit.

Annexure I-F: Form of Inventory of Contents of Safe Deposit Locker

The following inventory of contents of Safe Deposit Locker No. _____ located at _____ Branch of _____ Bank,

- hired in her/ his sole name by Shri/ Smt./ Kum. _____ (deceased),
- hired jointly by Shri/ Smt./ Kum. (i) _____ (deceased)
- (ii) _____
- (iii) _____

was taken on this _____ day of _____ two thousand _____.

S.N.	Description of contents in Safe Deposit Locker	Other identifying particulars, if any
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

For the purpose of inventory, access to the locker was given to the nominee/ survivor/ legal heirs/ beneficiary named in the Will or their duly authorized representative/s:

- By breaking open the locker under her/ his/ their instructions.
- Who produced the key to the locker

The above inventory was taken in the presence of:

(i) Nominee/ Legal heir/ Beneficiary named in the Will of deceased hirer(s) or their duly authorised representative

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

And

(ii) Survivors in case of Joint hirers (if applicable)

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

(iii) Witness(es)

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

Shri/ Smt./ Kum. _____
 Address _____
 _____ (Signature)

(iv) On behalf of Bank

Custodian:

Shri/ Smt./ Kum. _____

Address _____

(Signature)

Bank employee other than Custodian:

Shri/ Smt./ Kum. _____

Address _____

(Signature)

*(Delete whichever is not applicable)

ACKNOWLEDGEMENT

*I/We, Shri/ Smt./ Kum. _____

(Name of the nominee(s)/ legal heir(s)/ beneficiary named in the Will or their duly authorised representative and

Shri/ Smt./ Kum. _____

surviving hirers(if applicable)

hereby acknowledge the receipt of the contents of the safe deposit locker comprised in as set out in the above inventory. Further, all the contents in the locker have been removed and the locker is empty, and I/ we have no objection to allotment of the locker to any other locker hirer as per norms of the bank.

Shri/ Smt./ Kum. _____

(Signature)

Shri/ Smt./ Kum. _____

(Signature)

Shri/ Smt./ Kum. _____

(Signature)

Date and Place _____

Annexure I-G: Form of Inventory of Articles left in Safe Custody

The following inventory of articles left in safe custody with _____ Branch of _____ Bank, by Shri/ Smt./ Kum. _____ (deceased), under an agreement/ receipt number _____ dated _____ was taken on this _____ day of _____ two thousand _____

S N	Description of Articles in Safe Custody	Other identifying particulars, if any
1		
2		
3		

2. The above inventory was taken in the presence of:

(i) Nominee or Legal Heir or Person mandated by Nominee (including Minor Nominee)/ Legal Heir

Shri/ Smt./ Kum. _____

Address _____

(Signature)

Shri/ Smt./ Kum. _____

Address _____

(Signature)

(ii) Witness(es)

Shri/ Smt./ Kum. _____

Address _____

(Signature)

Shri/ Smt./ Kum. _____

Address _____

(Signature)

(iii) On behalf of Bank

Custodian:

Shri/ Smt./ Kum. _____

Address _____

(Signature)

Bank employee other than Custodian:

Shri/ Smt./ Kum. _____

Address _____

(Signature)

ACKNOWLEDGEMENT

*I, Shri/ Smt./ Kum. _____ nominee/ legal heir/ mandate holder

*We, Shri/ Smt./ Kum. _____

_____ legal heirs, and

Shri/ Smt./ Kum. _____

_____ surviving hirers

hereby, acknowledge the receipt of the articles kept in the safe custody comprised in as set out in the above inventory.

Shri/ Smt./ Kum _____

(Legal Heir/ Mandate Holder)

Shri/ Smt./ Kum. _____

(Signature)

Shri/ Smt./ Kum. _____

(Signature)

Shri/ Smt./ Kum. _____

(Signature)

Date and place _____

(*Delete whichever is not applicable)

Annexure I-H: Bond of indemnity with respect to delivery of contents of safe deposit locker/ articles kept in safe custody by the deceased customer

(to be submitted in case of claims settled without production of Legal Documents)

(To be stamped as per the Stamp act applicable to the State)

The Branch Manager

_____ Bank

_____ Branch

In consideration of your delivering or agreeing to deliver to me/ us,

(Claimant(s))

Safe Deposit Locker No./ Safe Custody Article Receipt No.	Details of the articles	Description	Weight	Valuation (to be filled in by the bank)

and held in the name of Shri/ Smt./ Kum. _____ since deceased, without production of any probate of Will/ succession certificate/ letters of administration/ court order

I/ We _____ and _____

(Claimant(s))

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally undertake and agree to indemnify you, the bank, its officers/ Directors, and its successors and assignees against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against you or incurred by you by reason or in consequence of having delivered or agreed to have deliver to me/ us the above mentioned articles of the deceased from the safe deposit locker/ sealed boxes in safe custody.

Signed and delivered by the above named on this _____ day of _____ two thousand _____.

SIGNED AND DELIVERED by the above named

(1) _____

(2) _____

(Claimant(s))

Annexure II: Acknowledgement from claimant for receipt of funds

I _____ received a sum of Rs. _____ in words rupees _____ only from AU Small Finance Bank, _____ branch through Banker's cheque no. _____ dated _____ in favour of _____ as full and final settlement of my/our claim as legal heir/successor/survivor/nominee of the balance standing in account number(s) _____ / _____ / _____, in the name of deceased Late. _____-.

I/We understand that the Bank has only issued the payment considering us as a trustee of the legal heirs of the deceased Late. _____ and I/We do not have any other claim from the Bank henceforth.

Name of claimant: _____

Signature: _____

Date: _____

Place: _____

Annexure III: Incomplete/ discrepant deceased claim settlement request received from claimant

Date: «Letter_Date»

To,

«NAM_Claimant_FULL»

«TXT_Claimant_ADD1»,

«TXT_Claimant_ADD2»,

«TXT_Claimant_ADD3»,

Subject: Deceased claim settlement for account < Account number >

Dear «NAM_Claimant_FULL»,

Namaskar!

We write with reference to your request for deceased claim settlement and wish to inform you that, we have observed a discrepancy in the request / supporting documents.

Hence, we are unable to process the claim for the captioned account due to _____ mention reason _____ .

We request you to resubmit your request post addressing the above stated discrepancy, along with the copy of this letter at your nearest AU Bank branch.

In case of any query/clarification, please feel free to call us at 1800 1200 1200. You can also write to us at customercare@aubank.in from your registered E-mail. Also, you can visit our nearest AU Bank branch. We would be delighted to assist you.

Thanking you
Yours sincerely,

Annexure IV: Letter of indemnity for settlement of deceased claim of missing persons

UNDERTAKING CUM INDEMNITY (To be obtained on stamp paper as per state act)

The person(s) detailed in the Schedule below, hereinafter referred to as the Declarant(s), do and each of us doth hereby solemnly affirm, declare and state that:

1. One Mr./Ms. _____ (“Account Holder”) is maintaining _____ (“Account”) with AU Small Finance Bank Limited at _____ Branch (“Bank”).
2. The Account Holder since _____ got missing from his place/city of residence and the Declarant(s) had lodged a missing report with _____ police station____. The Police authorities, after considerable search shared a non-traceable report dated____, with respect to the Account Holder, with the Declarant(s). Copy of the missing report and non-traceable report are annexed to this Undertaking cum Declaration.
3. It has been ___ years since the Account Holder is reported missing and the Declarant(s) have not filed an application, or have filed an application on _____, having case no.____/____ before the _____ at ___ (“Competent Court”) of which the next date of hearing is _____, under the relevant provisions of law for expressly declaring the Account Holder as deceased.
4. The Account Holder, as on date, has the class 1 legal heirs as mentioned in the Schedule below.
5. The Account Holder alone was entitled to the amounts lying to the credit of the said Account and no other person had any share, right, title or interest therein or any part thereof. A sum of _____ is now lying to the credit of the said Account and forms part of the estate of the Account Holder.
6. In the circumstances aforesaid, the Declarant(s) is/are the only class 1 heirs and legal representatives of the Account Holder, is/are absolutely entitled in equal shares, to the said sum of _____.
7. No application has been preferred by the Declarant(s) or any one of the Declarant(s) and/or on behalf of the Declarant(s) or any one of the Declarant(s), nor are the Declarant(s) aware of or have knowledge of any other person who has preferred any application in the court of competent Jurisdiction for grant of representation to the estate of the Account Holder.
8. No estate duty is payable in respect of the estate of the Account Holder.
9. The Declarant(s) has/have not been stopped by any Judicial/Revenue/Government authority from dealing with the estate of the Account Holder or any part thereof.
10. The Declarant(s) do and each of the Declarant(s) both hereby of its own free will and accord and without any undue influence and/or coercion release its representative share/right title and interest in the amount outstanding to the credit of the aforesaid Account in favor of Mr. _____ absolutely and do hereby irrevocably authorize the Bank to pay over the amount standing to the credit of the said Account to Mr. _____ absolutely.
11. On the basis of the aforesaid representations and declarations, the Declarant(s) request the Bank to close the said Account and pay over the amount, standing to the credit of the said Account to Mr. _____, to which the Bank has agreed to do on the following indemnity being given by the Declarant(s).
12. Mr. _____ will receive such amounts as trustee(s) on behalf of the Declarant(s), and receipt of the payment of the said sum of ` _____ by Mr. _____ would constitute a full discharge of the Bank’s obligations in this regard in Declarant(s) favor.
13. In consideration of the Bank having agreed to close the said Account and pay over the amount, lying to the credit of the Account Holder, unto Mr. _____ by way of:

- a. Fund transfer_____
- b. DD issuance _____
- c. RTGS/NEFT_____

on the basis of the foregoing representation and without insisting upon our obtaining legal representation to the estate of the Account Holder, the Declarant(s) do hereby jointly and each of us doth hereby severally agree to indemnify and keep indemnified the Bank and its officers against all claims and demands, actions, suits, and proceedings, estate charges and expenses and loss and/or damages that may be made or shall arise and/or accrue against the Bank and/or its officers or any of them by reason of the Bank relying on the missing report of the Account Holder dated _____, the non-traceable report _____ submitted by the Declarant(s) to the Bank or the application dated _____ filed by the Declarant(s) before the Competent Court and the Bank having so closed the said Account and paid over the amount standing to the credit thereof to Mr. _____. The Declarant(s) shall pay the amount so demanded by the Bank within 7 (seven) days of receipt of notice from the Bank in this regard.

The courts and tribunals of competent jurisdiction of Jaipur (Rajasthan) shall have exclusive jurisdiction regard to any proceedings relating to this Undertaking cum Indemnity.

Solemnly declared at _____ this _____ day of _____ by the within named (to be signed by all Declarant(s))

SCHEDULE

Sr. No	Name of Declarant	Son/Daughter/ Wife of	Communication Address	Relation with Account Holder	Signature
1					
2					
3					
4					
5					

Sr. no.	Name of Witness	Son/Daughter/ Wife of	Communication Address	Signature
1.				
2.				

Annexure V: Declaration for updation of taxable CIF (with PAN)

To
 The Branch Manager
 AU Small Finance Bank Limited
 _____ Branch

Subject: Updation of taxable CIF (with PAN) in respect of account number(s) held in name of late Mr/Mrs/Ms. _____.

Dear Sir,
 I inform the demise of Mr/Mrs/Ms . _____ (deceased) on _____ . S/he holds the account(s) as mentioned hereinbelow (“**Account(s)**”) at AU Small Finance Bank Limited, _____ branch (hereinafter referred to as ‘the Bank’):

S.no.	Account No.	Account held in the name(s) of
1.		
2.		
3.		

I _____ (Survivor/ Nominee) hereby kindly request you to update my customer ID _____ as taxable CIF in above account(s) in your Bank.

I have submitted the following documents:

1. Self-attested copy of death certificate
2. Self-attested copy of my PAN card
3. Self-attested copy of OVD in my name

I hereby declare and agree that:

- I am acting as a trustee of the legal heir(s)/legatee(s) of the deceased depositor and updation of my PAN in relation to the account(s) will not affect the right or claim which legal heir)/legatee(s) of such deceased deposit holder on the account(s).
- The TDS forms as well as updation of my PAN in relation to the account(s) will not constitute a document for claiming legal ownership over the account(s) of the deceased deposit holder.
- The documentary evidence, if any, provided by me, including but not limited to documents provided as proof of my identity, death certificate of deceased, etc. are true and complete in all respect.

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

Yours faithfully,

Name & Signature of nominee _____

Name & Signature of survivor _____

Name & Signature of survivor _____

Date: _____

Place:

Annexure VI: Indemnity from legal heirs for collection of property papers

Undertaking cum Indemnity (To be obtained on stamp paper as per state act)

Persons, whose name(s) and address(es) as specified in Annexure L (hereinafter called the “**Legal Heirs**”) do hereby, jointly and severally, solemnly affirm and state that:

1. _____ (“**Borrower**”) had availed credit facility to the tune of ₹ _____/- (Rupees _____ only) (“**Facility**”) vide loan account bearing number _____ (“**Loan Account**”) from AU Small Finance Bank Limited (“**Bank**”). The facility was backed by mortgage of the property as mentioned in schedule (“**Property**”), by _____ (“**Mortgagor**”).
2. The mortgagor expired on _____ leaving behind the below legal heirs, namely:

Legal heirs hereby confirm the Bank and declare that they are the only legal heirs of the mortgagor, and no other person or entity has any right, title, or interest in the mortgaged property. To establish the relationship with the mortgagor, necessary KYC documents and other related documents are enclosed herewith along with the death certificate of the mortgagor.

3. As the facility availed by the borrower is now closed and the mortgaged Property is free from the charge of the Bank, legal heirs are desirous of collecting the original property papers with respect to the mortgaged property and have accordingly appointed _____ (“**Designated Legal Heir**”) to collect the original property papers with respect to the mortgaged property from the Bank, for and on behalf of all the other legal heirs.
4. Legal heirs further confirm and acknowledge that the original property papers of the mortgaged property handed over by the Bank to the designated legal heir, for and on behalf of legal heirs, under acknowledgment shall be construed as duly received and acknowledged by all the legal heirs. Legal heirs also ratify collection of the original property papers of the mortgaged Property by the Designated Legal Heir, for and on behalf of legal heirs, from the Bank.
5. Based on the aforesaid assurances and confirmation by all the legal heirs, Bank as agreed to return the original property papers of the mortgaged property, for and on behalf of legal heirs, to the designated legal heir.
6. Legal heirs hereby agree and undertake to, jointly and severally, indemnify and shall keep indemnified, saved, harmless and defend the Bank and its officers against any claims, third party litigations, risks, actions, proceedings, losses, consequences, charges, demands, costs, liabilities and expenses whatsoever, which may be incurred or made against or demanded by or from the Bank or any of its directors, accountants and other officers of the Bank or may have incurred/suffered by the Bank due to the wrong commitments or assurances given by any or all the Legal heirs hereunder or due to such return of the original property papers of the mortgaged property to the designated legal heir, for and on behalf of legal heirs. Legal heirs shall pay to the Bank upon demand for any payment, loss and damage which the Bank may make, suffer or sustain by reason or on account thereof and shall upon request appear and defend at legal heir’s own cost and expense any action which may be brought against the Bank in connection therewith.
7. Legal heirs hereby agree and confirm that they shall not hold the Bank liable for any losses or damages that may arise due to release of the original property papers of the mortgaged property to the designated legal heir, for and on behalf of legal heirs.

8. Legal heirs hereby agree that this undertaking cum indemnity shall be binding on our legal heirs, executors, legal representatives, and they shall execute any further assurances and documents as required by the Bank in this regard.
9. Legal heirs hereby agree that whatsoever statements made hereinabove are true and correct to the best of their knowledge and belief, and no material information has been concealed or misstated.
10. Legal heirs further state that if any inaccuracy is detected, they shall be liable to forfeiture of any benefits derived and other actions as per the law.
11. The courts and tribunals of competent jurisdiction of Jaipur (Rajasthan) shall have exclusive jurisdiction with regard to any proceedings relating to this undertaking cum indemnity.

Place: _____ Dated: __/__/_____

Annexure L:

S. N.	Name of legal heir	Age	Relationship with the deceased	Address	Signature

Witness:

1. Name:
Signature:
Date:

2. Name
Signature:
Date:

Schedule of Property

Property Owner	Details of Property

Annexure VII: Indemnity from simultaneous nominee for part settlement

INDEMNITY-CUM-UNDERTAKING

(For release of amount to one of the simultaneous nominees)

To be executed on Non-Judicial Stamp Paper of ₹ ____ /- (as applicable)

This Indemnity-cum-Undertaking is executed at _____ on this ____ day of _____ 20__ by:

Mr./Ms./Mrs. _____,

S/o / D/o / W/o _____,

Age: ____ years, Occupation: _____,

Resident of _____,

Mobile: _____, ID Proof (Aadhaar/PAN): _____,

(hereinafter referred to as the “Nominee / Indemnifier”, which expression shall, unless repugnant to the context, include his/her heirs, executors, administrators, legal representatives and assigns)

IN FAVOUR OF:

AU Small Finance Bank, having its branch at _____ (hereinafter referred to as the “Bank”, which expression shall include its successors and assigns).

A. RECITALS

1. That Mr./Ms. _____ (the “Deceased”), holder of Bank Account / Deposit details as under, has expired on/..../20__:
 - Customer ID: _____
 - Account No. / Deposit / FD No.: _____
 - Branch: _____
 - Product: SB/CA/FD/RD/Other _____
2. That the the above account/deposit carries nomination in favor of more than one nominee, including the Nominee/Indemnifier.
3. That the Nominee/Indemnifier has requested the Bank to release the amount determined by the Bank as payable to him/her in respect of the above account/deposit.
4. That the Bank has agreed to release such amount subject to execution of this Indemnity-cum-Undertaking.

B. NOW THEREFORE, I HEREBY UNDERTAKE, DECLARE AND INDEMNIFY AS UNDER:

1) Receipt / Claim limited to share already paid

I confirm that I am seeking release of only my share, and upon receipt of the amount paid by the Bank against my share, I shall not claim any further amount/entitlement from the Bank from the said account/deposit beyond the share already received.

2) Waiver of future claim beyond share received

I hereby irrevocably waive, relinquish and forgo any right, title, interest or claim **in** excess of the share already received by me from the Bank, whether arising now or in future, including any claim arising due to:

- additional credits/interest posted later,
- reversal/chargeback/rectification entries,
- recovered amounts, lien removal, residual balance, or
- any subsequent settlement process.

3) Undertaking for future credits / subsequent payments

In the event any amount is credited / becomes payable in the above account/deposit after payment of my share (including interest, refunds, reversals, recoveries, court directed credits, etc.), I undertake that:

- I shall not demand any portion of such future credit beyond my already paid share; and
- if any such amount is mistakenly paid/credited to me by error, I shall refund the same immediately on demand without demur along with applicable costs/interest.

4) Indemnity against third-party claims / disputes

I hereby agree to indemnify and keep indemnified the Bank, its officers, employees and agents from and against all losses, costs, claims, actions, proceedings, damages, liabilities or expenses arising due to:

- any claim by other nominee(s), legal heir(s), claimant(s), successor(s), creditor(s) or any third party; and/or
- any dispute relating to distribution / entitlement / proportion / succession, or any allegation that the Bank ought not to have released my share.

5) Refund / reimbursement on demand

If the Bank suffers any loss or is compelled to pay any amount or incur expenses (including legal expenses) on account of release of my share, I undertake to reimburse/refund such amount to the Bank immediately on demand, without requiring the Bank to first take action against any other person.

6) Bank's discretion preserved

I confirm that:

- the Bank is releasing my share based on nomination and this undertaking, without adjudicating competing rights; and
- the Bank shall be at liberty to deal with any residual claim/share as per its policy, law, and documents received from other claimants.
- Payment made by the Bank to me shall constitute a valid and sufficient discharge to the Bank to the extent of the amount so paid.

7) Binding nature

This Indemnity-cum-Undertaking shall be binding on me and my heirs, executors, administrators and legal representatives.

8) Governing law & jurisdiction

This document shall be governed by laws of India and courts/tribunals at Jaipur, Rajasthan shall have jurisdiction (subject to Bank's internal jurisdiction clause, if any).

C. PARTICULARS OF PAYMENT (to be filled by Bank)

Amount paid: ₹ _____

Mode: NEFT/RTGS/Transfer/Cheque/DD: _____

Date of payment: //20__

Bank reference/UTR: _____

SIGNATURES

Nominee / Indemnifier

Signature: _____

Name: _____

Place: _____

Date: //20__

Witnesses

1. Witness 1

Name: _____

Address: _____

Signature: _____

Mobile: _____

2. Witness 2

Name: _____

Address: _____

Signature: _____

Mobile: _____