

APPLICATION FOR DECEASED CLAIM



From,

To,

The Branch Manager,
 YES BANK Ltd,
 _____ Branch

Dear Sir,

Re: Deceased Account

Late Shri / Smt. _____
Account No(s). _____

I / We advise the demise of Shri / Smt. _____ on _____. He / She hold the above account(s) at your branch. The account(s) is / are in the name of: _____

I / We lodge my / our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heir(s) / nominee/joint holder of the above named deceased and lodge my / our claim for payment as per the bank's 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: _____
 Mother: _____
2. Religion of the deceased: _____
3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

S. No.	Full Name	Age	Occupation	Address	Relationship with Deceased
1.					
2.					
3.					
4.					
5.					

4. Name or Names 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 or duly attested copy of such Order
 - (c) In whose custody the:
 Minor/Minors is / are?
5. Claimant/s name/s and address in full
 - (i)
 - (ii)
 - (iii)

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

I/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 that there is no order from competent court restraining payment to claimant and the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

Place:
Date:

Signature of Claimant(s)

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

INDEMNITY FOR DECEASED CLAIMS
(For cases other than Nomination / Joint Account with Survivor Clause)



Letter of Indemnity with Respect to Payment of Balance in the Deceased Constituent's Account without Production of Legal Representation

To,
The Branch Manager,
YES BANK Ltd.

IN CONSIDERATION of your paying or agreeing to pay me/us,
Insert here the Name(s) of Claimants

- 1) _____
- 2) _____
- 3) _____

The sum of Rupees _____ standing at the credit of Savings Bank / Current / FD / R.D. Account No. etc. _____ with your bank in the name of Shri / Smt. / Kum. _____ since deceased, without production of Letters of Administration or a Succession Certificate to his / her estate or a Certificate from the Controller of Estate Duly to the effect that estate duly has been paid or will be paid or none is due I / we do hereby for myself / ourselves and my / our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign 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 me / us the said sum as aforesaid.

SIGN AND DELIVERED

By the above named on this _____ Day of _____ two thousand _____

Sign and Delivered by the above named (All the legal heirs including claimant)

Full Name	Signature
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ACKNOWLEDGMENT FROM CLAIMANTS



I _____ S/o or D/o _____ aged _____
/ We, _____ S/o _____ D/o _____
aged _____ have submitted claim/indemnity to YES BANK Limited on _____ (date) for claiming the balance lying in Savings/Current account
no. _____ on demise of Late Mr/Ms _____.

I/We state that we have received the PO no/credit to the account _____ towards the full and final settlement in the Savings/Current
account no _____ from YES BANK Ltd.

I/We further state that we have no further claim against YES BANK Ltd. with regard to the above mentioned account/s.

Signature of Claimants

S. No.	Name of Claimant	Signatures
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1.*

Affix
Revenue
Stamp

2.

Affix
Revenue
Stamp

Date: _____ Place: _____

Witness: _____

** In case of illiterate person vernacular declaration to be obtained separately. Further, in case thumb impression is affixed, same to be impressed over the revenue stamp also and it should be witnessed by an independent person.*

**AUTHORIZATION TO HANDLE DEBITS TO THE
ACCOUNTS OF THE DECEASED**

YES BANK

From,

To,

The Branch Manager
YES BANK

_____ Branch

Dear Sir,

Re: Deceased Account

Late Shri/Smt _____

A/c No.(s) _____

As you are aware I / We are legal survivor/nominee to the A/c No(s) mentioned above. Till such time I am able to close the account of the deceased I authorize the bank to honour all debits from the above accounts arising on account of existing standard instructions / Debit mandates.

Details of such instructions / Mandates are as follows:

S. No.	Amount of Debit	Payee Name	End Date of Debit	Frequency of Debit
1.				
2.				
3.				
4.				
5.				

Thanking You

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