

MAHARASHTRA GRAMIN BANK

Policy on Operational Procedure for Settlement of Claims in Deceased / Missing Depositor's Accounts

FORMATS

2025

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Application Form for Settlement of Claim of Deceased Constituents / Missing Depositors for payment of balances in accounts (To be used when account has nomination or is a joint account with survivor clause)

Bank: MAHARASHTRA GRAMIN BANK

Branch:

To,

Address for correspondence

The Branch Manager,

Shri / Smt / Kum: -----

Address: -----

Contact No -----

Email ID -----

Madam / Dear Sir

Date: / / 20

Claim for Payment of Balances in the account (s) of Late / Missing Shri / Smt / Kum. _____ expired on _____ / is missing from _____ and is not traceable.

I / We advise that Shri / Smt / Kum _____ was maintaining following Accounts at your Branch:

No.	Nature of Deposits	Account No.	*Amount	Date of Maturity	Nature of Liability to the Bank, if any	Amount
1						
2						
3						
4						
	Total Amt.				Total Amt.	

*(the actual amount of claim with accrued interest will be worked out on the date of payment.)

A. In case of Nomination

I, _____ son/daughter
of Shri _____ Residing at _____ am

- the registered nominee in the above account (s)
- the person authorized to receive monies on behalf of Master/Miss _____

who is the nominee in the above account(s) and is a minor as on the date of the claim.
Please arrange to settle the claim in the name of the nominee. I/ We have shall receive/ received the payment as trustee of the legal heirs of the deceased / missing person.

B. In the case of Joint Account

I/We are the Survivor(s) in the above account (s) opened jointly with deceased / missing person with mode of instructions as _____. Please arrange to settle the claim / continue the account in the name of Survivor(s)

C. Document Submitted for Verification:

I/We submit photocopy of the document(s) and original documents for verification towards the settlement of claims.

Document for Settlement for Deceased Constituents:

Original Passbook	Death Certificate
Original Fixed Deposit Receipt	Identity proof of claimants
Unused Cheque / ATM etc. in the accounts	

Document for Settlement for Missing Depositors:

Original Passbook	Identity proof of claimants
Original Fixed Deposit Receipt	Copy of FIR lodged with Police authority
Unused Cheque / ATM etc.in the accounts	Certificate issued by Police authorities that such missing person is not traceable
The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority	Declaration by the Nominee /Legal Heirs of the missing person/depositor that the missing person has not been heard of for the last seven years

I / We also understand that I/we will be required to produce all documents desired to establish my/our claim till settlement and agree to execute the required documents to settle the claim as per the bank's process & policy

I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.

The amount of claim settled including up to date applicable interest may kindly be issued Banker's cheque/ credited to the account standing in the name of _____ S/D/W _____ maintained with _____ Bank _____ Branch in India.

Signature (s) of the claimant (s) who will receive the claim amount

S.No	Name of the Claimant	Signature

Place:

Date:

Encl: As above.

(Two Bank acceptable witness is required in case of claimants(s) are illiterate)

Note :The 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 Representation in case there are disputes among the claimants & all of them do not join in indemnifying the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer.
(If the space provided is insufficient, please use additional sheet)

Instructions for filling the Application form for payment of balances in accounts, in cases other than Nomination or Joint Account with survivor clause)

1. Mention name of the deceased and date on which he/she was deceased. In case person is missing/not traceable (i.e., whereabouts of person is unknown for more than 7 years an order/certificate of Civil death/presumption of death may be issued by Court) mention date since missing.
2. Mention all deposit as well as loan/overdraft accounts of the deceased. The actual amount of claim with accrued interest will be worked out on the date of payment.
1. Select whether claim is made without legal representation (person died intestate) or with legal representation (i.e. Will/ Succession certificate/ Letter of administration). Copy of the same to be enclosed. In case of legal representation, no declaration from independent person mentioned at point 5 is required, except for KYC/proper identification of beneficiaries.
2. (a) to (f) -Detail of the deceased to be provided. Submit copy of Death certificate and Original for verification. The assets of deceased shall be settled to the legal heirs as per the Personal Law of succession (Hindu, Muslim, Christian or any other community) applicable to the depositor.
(g) Mention particulars of all legal heirs along with age and address. In the last column, mention 'Yes' for heirs who are executing Letter of Disclaimer (As per Annexure-3) duly stamped and executed. Otherwise, mention 'No'.
(h) Mention name of legal heirs, who are minors along with Natural/ Legal Guardian. If Legal Guardian is appointed, a copy of the order must be enclosed.
3. Declaration to be signed by an independent person well known to the family of the deceased but unconnected with it and acceptable to the Bank, or any account holder of the Bank known to the family of the deceased but unconnected with it, or Any Govt. Official whose signature is verifiable by the Bank for settlement of claims up to and inclusive of ₹ 5,000/- including up to date interest. Where the amount of the claim for balances above ₹ 5,000/- and up to & inclusive of ₹ .25,000/- including up to date interest , the person furnishing the declaration will have to execute an affidavit as per the format. (Annexure – 4) before a "Judge / Magistrate / Notary". The affidavit will be stamped according to the Stamp Act in force in the respective State. This declaration is not required in case of legal representation.
4. The detailed information of the sureties, to arrive at their worth, is to be furnished in a separate form (Annexure- 8). Sureties, who are the relatives of the deceased, may be accepted, provided they are not directly involved as claimants and are considered individually or jointly good for the amount involved. If one surety is considered good for the amount by the Bank, second surety is not necessary. The sureties have to sign the Letter of Indemnity along with Claimants as per format. The Letter of Indemnity will be stamped according to the Stamp Act in force in the respective State.
5. To be signed by all the claimants other than those who have relinquished their right in the property by furnishing a "Letter of Disclaimer" as per the format enclosed (Annexure – 3) and will be stamped according to the Stamp Act in force in the respective State.

(Please note that the claimants will have to sign the receipt for having received the claim amount where proceeds are paid by way of Bankers Cheque).

Application Form for Settlement of Claim of Deceased Constituents / Missing Person for payment of balances in accounts (to be used for cases other than Nomination / Joint Account with survivor clause)

(Applicable for Resident/Non-Resident)

Bank: MAHARASHTRA GRAMIN BANK

Branch: _____

To,
The Branch Manager,

Address for correspondence

Shri/Smt/Kum: _____

Address: _____

Contact No. _____

Email ID _____

Date: / /20

Madam / Dear Sir,

**Claim for Payment of Balances in the account (s) of Late / Missing Shri / Smt / Kum. _____
_____ expired on _____ / is missing from _____ and is
not traceable**

1. I / We advise that Shri / Smt / Kum _____ was maintaining following Accounts at your Branch:

No.	Nature of Deposits	Account No.	*Amount	Date of Maturity	Nature of Liability to the Bank, if any	Amount
1						
2						
3						
4						
	Total Amt.				Total Amt.	

*(the actual amount of claim with accrued interest will be worked out on the date of payment.)

2. I/We lodge my / our claim for the above balances with accrued interest of the above-named deceased / missing persons in terms of: (Select which is applicable)

Will of the late Shri / Smt / Kum _____ dated _____ and a probate granted by the court of _____ at _____ dated _____ (Copies enclosed).

Succession Certificate dated _____ granted by the Court of _____ at _____ (Copy Enclosed).

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

The deceased died intestate. I/We lodge our claim without a legal representation for payment as per the Bank's rules & discretion.

3. I/We furnish below the required information about the deceased / missing person & the legal heirs in this regard: -

(a) FIR Lodge Date (Missing persons) / Date & Place of Death of Deceased/ Missing _____

(b) Details of Death Certificate No. _____ dated _____ Authority _____ (copy enclosed).

(Original to be produced for verification.)

(c) Age _____ Yrs.

(d) Marital Status- Married / Unmarried/ Widow(er)

(e) Permanent Address –

H No./Flat No. _____ Street Name _____ Locality/Village _____

City/District _____ State _____ PIN _____

(f) Religion _____ which law of succession is applicable _____
(Hindu, Mohamedan

etc.)

(g) Name (s), Relation (s) & age (s) of the legal heirs of the deceased:

S No.	Name	Age	Relation	Address	Whether executing Letter of Disclaimer (Yes/No)

(h) Name (s) of the Minor (s) & Natural Guardian (s) / Legal Guardian (s) of minors amongst the claimants.

S No.	Name of the Minor Claimant(s)	Date of Birth	Name of the Guardian	Relationship with Minor	Whether executing Letter of Disclaimer (Yes/No)

5. Shri / Smt / Kum. _____ i.e. the person furnishing the declaration below / the affidavit (Annexure "4□) knows our family for last _____ years and is unconnected with our family.

I know the deceased and his/her family since last _____ years. The person(s) named above is/are the only legal heir(s) of the deceased / Missing person entitled to succeed to the estate of the deceased. I am not related in any manner whatsoever to the deceased / Missing person or any of the above-mentioned persons mentioned at 4(g) to (h) above, nor have I any claim or interest of whatsoever nature in the estate of the deceased.

Certified that to the best of my knowledge & belief the facts stated above are true & correct

Name in full & Address of the person signing the declaration _____

Place
Date

Signature

6. We propose the following surety (ies):

{No surety required for amounts up to threshold limit i.e. Rs.5000/-}

S.No.	Name of Surety	Address	Net Worth (As per Annexure 9)

7. Document Submitted for Verification:

I/We submit photocopy of the document(s) and original documents for verification towards the settlement of claims.

Document for Settlement for Deceased Constituents:

Original Passbook	Death Certificate
Original Fixed Deposit Receipt	Identity proof of claimants
Unused Cheque / ATM etc. in the accounts	Proof of authority of Legal heirs
The legal representation (grant) in original (usually) or true certified copy obtained from the court	

Document for Settlement for Missing Depositors:

Original Passbook	Identity proof of claimants
Original Fixed Deposit Receipt	Copy of FIR lodged with Police authority
Unused Cheque / ATM etc.in the accounts	Certificate issued by Police authorities that such missing person is not traceable
The report of non-traceability of missing person by the Police should be of a date after 7 years from the date of registration of FIR and enquiry by the Police authority	Declaration by the Nominee /Legal Heirs of the missing person/depositor that the missing person has not been heard of for the last seven years
Order from competent court presuming missing person as deceased / Death certificate from competent authority(wherever required)	

I / We also understand that i/we will be required to produce all documents desired to establish my/our claim till settlement and agree to execute the required documents to settle the claim as per the bank's process & policy,

7. I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.

The amount of claim settled including up to date applicable interest may kindly be issued Banker's cheque/ credited to the account standing in the name of _____ S/D/W _____ of _____ maintained with _____ Bank _____ Branch in India.

Signature (s) of the claimant (s) who will receive the claim amount.

S.No	Name of the Claimant	Signature

Place : _____

Date : _____

Encl: As above.

Note : The 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 Representation in case there are disputes among legal heirs & all of them do not join in indemnifying the Bank (Or give letter of disclaimer) or where the Bank has reasonable doubt about the genuineness of the claimant(s) being the only heir(s) of the deceased customer.

(If the space provided is insufficient, please use additional sheet)

LETTER OF DISCLAIMER

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

The Branch Manager
 MAHARASHTRA GRAMIN BANK,
 Branch _____

Dear Sir,

_____ *Account No _____ in the name
 of
 Shri/Smt./Kum. _____ Balance ₹

With reference to the above account, I/We, the following legal heirs of the late
 Shri/Smt./Kum. _____

(Name of the deceased / missing account holder), have to advise that we have no interest in the above
 assets and as such we have no objection to your paying the balance amount lying in the above account(s)
 with you in the name of the aforesaid Shri/Smt./Kum _____
 _____ (Name of the deceased/ missing account holder) to

Shri/Smt./Kum.

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

Such delivery of the payment of the balance in the above account(s) would be completely binding on us and
 we will not question the Bank's action in so doing if any proceedings. I/We irrevocably and unconditionally
 undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Sr. No	Name(s) of the Claimants (who relinquish their rights)	Age (yrs)	Signature

Signed before me this _____ day of _____ 20____

Notary
 Public/Magistrate)

*fill in here the type of account viz. SB/R.D/Term Deposit, Current etc.

AFFIDAVIT

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

I/We _____ S/D/O _____
_____ residing At _____ and _____

S/D/O _____ residing at _____ do hereby

make oath*/solemnly affirm and say as follows:

That Shri/Smt./Kum. _____ (Name of the deceased / missing person) hereinafter, referred to as "the deceased" died intestate on _____ at _____

- 2. That we know the deceased and his/her family since the last _____ years.
- 3. That at the time of his death the deceased /missing person 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 / missing person entitled to succeed to the estate of the deceased / missing on an intestate succession:

S.No.	Name	Age (yrs)	Relationship with the deceased / missing person

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

5. That we are informed, and we verily believe that the deceased has left certain deposits*/ assets with the MAHARASHTRA GRAMIN BANK branch, _____ to which the above-mentioned persons are entitled to claim.

6. That we are 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 MAHARASHTRA GRAMIN BANK branch, _____, has agreed at our request to make payment of the amount of the deposits/ to deliver the assets to the above mentioned persons without insisting on production by them of a grant of legal representation to the estate of the deceased / missing from a competent Court.

Sworn*/ solemnly affirmed at this _____ day of _____ 20 in the Presence of _____

- 1. _____
- 2. _____

before me

*(Delete whichever is inapplicable)

Judge / Magistrate / Notary

LETTER OF INDEMNITY

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

(Letter of Indemnity with respect to payment of Balance in the Deceased Constituents Account without production of Legal representation)

The Branch Manager
MAHARASHTRA GRAMIN BANK,
Branch _____

IN CONSIDERATION of your paying or agreeing to pay us,

**Insert here the names
of the claimants**

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

The sum of Rupees _____ standing at the credit of Saving

Bank / Current / R.D Account No. etc. with your Bank in the name of Shri/Smt./Kum. _____ since deceased, without

production of Letter of Administration or a Succession Certificate to his/her estate, we

Insert here the Names of the suret(y)ies

- 1 _____
- 2 _____

do hereby for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally irrevocably and unconditionally 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.

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

SIGNED AND DELIVERED by the above named

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____

(Heirs/claimants of the deceased)

SIGNED AND DELIVERED by the above named

- 1. _____ 2. _____

(Sureties)

Letter of Indemnity

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

(For payment of balance in account of missing depositors' accounts)**(To be used for cases other than nomination or is a joint account without survivorship clause)**

Name: _____

Address: _____

Date: _____

The Branch Manager

MAHARASHTRA GRAMIN BANK,

Branch _____

Madam / Dear Sir,

Re: Payment of balance of _____ in the account of

Mr / Mrs / Ms _____ (Missing

Depositor)

Mr / Mrs / Ms _____ had the Current

Account

No _____ Saving Bank Account No _____

/ Fixed / Short / Monthly Income Certificate / Double Deposit Account No.

/Recurring Deposit Account No _____

with your Bank.

2. Mr. / Mrs. / Ms _____

went missing

From _____ and is not traceable, leaving at the time of his/her going missing the credit

balance(s) in his/her respective account(s) as under:

(a) Current Account No. _____

(b) Savings Bank Account No. _____

(c) Fixed / Short / Monthly Income
Certificate / Double Benefit Deposit
Account No. _____

(d) Recurring Deposit Account No. _____

Total: _____

3. That upon Mr./ Mrs. / Ms _____ missing I/we have
lodged an FIR

with local Police Station at _____ on _____ A copy of the FIR is enclosed

herewith.

4. I / We have represented to you:

(a) that the depositor went missing without leaving a Will and I/We the undersigned,

(i) _____

(ii) _____

(iii) _____

(i) _____

(ii) _____ etc.

Am/are the only heir(s) of the missing depositor according to the law of intestate succession applicable to him/her

OR

that the depositor went missing leaving his/her last Will and testament dated _____ and we the undersigned.

(Name of Executors)

Are the executors thereof; and that has he / she went missing without living the Will, We the undersigned namely,

(Names of the Heirs / Name of Executors)

Being the heirs / executors of the missing depositor according to the personal law of intestate / testamentary succession applicable to him / her;

(b) that we do not intend to obtain any grant of legal representation to the estate of the missing depositor;

(c) That we are the only persons entitled to the properties and assets of the missing depositor, as the executors / heirs of his / estate.

5. We have requested you to pay the said balance in the said account(s) to all /

_____ of the undersigned

—

(Name of persons to whom payment is to be made)

Which you have agreed to do on the faith and strength of and relying on my/our above representation and on my/our executing such indemnity in your favor as is hereinafter appearing

6. In consideration of above premises, I/We so as to bind myself / ourselves jointly and each severally and my/our respective heirs, executors, administrators, estate and effects jointly and severally hereby irrevocable and unconditionally undertake and agree with you, your successors and assigns as follows:

- (a) to keep you safe and indemnified against all claims, demands, actions, proceedings, losses, damages, costs, charges and expenses (the legal costs being between attorney and client) which may be made or brought or commenced against you or be paid, sustained, suffered or incurred by you howsoever, as a consequence direct or indirect of your paying the said sum in the above accounts to me/us without insisting on a grant of legal representation
- (b) to pay to you on demand the amount of any such losses, damages, costs, charges and expenses together with interest at _____ %p.a. from the date of payment by you until reimbursement by me / us.

Yours faithfully,

In consideration of the premises, I / We the undersigned _____
(Name (s) of surety (ies)) _____ Join the
aforesaid Indemnity

and I / We so as to bind myself / ourselves jointly and each severally and my/our respective heirs, executors, administrators, estate and effects jointly and severally hereby irrevocable and unconditionally undertake and agree with you, your successors and assigns to keep you safe and indemnified against all claims, demands, actions, proceedings, losses, damages, costs, charges and expenses (the legal costs being between attorney and client) which may be made or brought or commenced against you or be paid, sustained, suffered or incurred by you howsoever, as a consequence direct or indirect of your paying the said sum in the above accounts to me/us without insisting on a grant of legal representation and to pay to you on demand the amount of any such losses, damages, costs, charges and expenses together with interest at _____ %p.a. from the date of payment by you until reimbursement by me / us.

1. Signature _____

Name _____

Occupation _____

Address _____

2. Signature _____

Name _____

Occupation _____

Address _____

AFFIDAVIT CUM INDEMNITY BOND WITH SURETY (IES)

(For allowing operation in HUF accounts in case of death of Karta)

THIS INDENTURE is made at _____ this _____ day of _____ 20 _____ between

1) Shri/Smt* _____ Son/daughter/husband/ wife
of/widow of Shri _____ address2) Shri/Smt* _____ Son/daughter/husband/ wife
of/widow of Shri _____ address

_____ And

3) Shri/Smt* _____ Son/daughter/husband/ wife
of/widow of Shri _____ address

_____ {hereinafter called as `the principal parties`} of the

FIRST PART

{*Note: details of all coparceners be mentioned}**And**Shri/Smt* _____ Son/daughter/husband/ wife of/widow of
Shri _____ addressand Shri/Smt* _____ Son/daughter/husband/ wife
of/widow of Shri _____ address

_____ {hereinafter called `the Surety(ies)'} of the SECOND PART

And

MAHARASHTRA GRAMIN BANK, a body corporate constituted under the Regional Rural Bank Act, 1976 and having its Head Office at Plot No. 42, Gut No. 33(Part), Village Golwadi, Growth centre in Waluj Mahanagar-IV of CIDCO, Chh. Sambhaji Nagar-431010 and Branch Office amongst other places at _____ (hereinafter referred to as the Bank) of the THIRD PART

WHEREAS

a) Late Shri _____ son of Shri _____
residentof _____ was the Karta of _____
_____{hereinafter

called as "HUF") and was operating following account of HUF with the bank at branch Office _____

Details of account of the HUF	Balance (₹)
1	
2	
3	

4	
5	
6	

b) The principal parties affirm that Shri _____ expired on _____ and we are the only living members of the _____ viz. (i) _____ (ii) _____ (iii) _____ (Name of the HUF). A copy of the death certificate has since been submitted to the Bank. They further affirm that other than us there are no other members / coparceners in the said HUF.

c) The principal parties further affirm and state that Mr./Ms. _____ is a coparcener of the HUF and he/she has been unanimously appointed as the new Karta of the HUF;

d) The principal parties approached the Bank with a request to substitute the name of the deceased Karta Shri _____, with the name of newly appointed Karta Mr. /Ms. _____ and to allow operation in the account {detailed in para (a) hereinabove}, by the newly appointed Karta for which the principal parties and the surety(ies) have agreed to execute an indemnity and surety as contained herein. NOW THIS INDENTURE witnessed that in consideration of the Bank having accepted the request of the principal parties to allow the newly elected/appointed Karta to operate the account, the principal parties and the sureties hereby agree, irrevocably and unconditionally undertake and bind themselves jointly and severally to pay the amount shown in the account of HUF at the time of the death of earlier Karta, late Shri _____, along with further interest, loss, damages and cost of all kinds whatsoever the Bank may incur, in case any claim is made about the aforesaid money(s) by anybody else on account of accepting the request of the principal parties and thereby allowing continuing operation in the account of HUF. Further, in consideration of accepting the request of the principal parties by the Bank, the principal parties and the sureties irrevocably and unconditionally undertake for themselves and bind their heirs, executors and administrators to hold the bank, its assigns etc. harmless and indemnified in respect of all/any claims to the aforesaid money.

IN WITNESS whereof the principal parties, and the sureties have put their signatures

<p>1) WITNESS</p> <p>Name:</p> <p>Occupation:</p> <p>Address:</p>	<p>Signature of Principal Parties</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Signature of Surety(ies)</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>1) WITNESS</p> <p>Name:</p> <p>Occupation:</p> <p>Address:</p>	<p>FOR MAHARASHTRA GRAMIN BANK</p>

Annexure-8

**Proforma of the Indemnity by nominee in absence of Original Term Deposit Receipt(s)/
Bank Passbook
(To be stamped with the duty payable)**

This Indemnity is made atthisday of20 and
executed by Shri/ Ms Son/daughter/wife
of aged years, residing at
(hereinafter called the Nominee); which expression wherever the context so admits or requires,
means and includes their respective heirs, legal representatives, successors and assigns in favour
of MAHARASHTRA GRAMIN BANK, a body corporate constituted under the Regional Rural Bank
Act,1976 and having its Head Office at Plot No. 42, Gut No. 33(Part), Village Golwadi,Growth
centre in Waluj Mahanagar-IV of CIDCO, Chh. Sambhaji Nagar-431010 with its Branch Office at
_____ (hereinafter called the Bank) which expression shall wherever the context so
admits or requires, means and includes its successors and assigns.

WHEREAS Shri/Ms.Son/ daughter/
Wife of Agedyears, resident of
..... (hereinafter called "deceased") died on
The deceased held Bank Deposit/s bearing account number(s)/ receipt no./
..... having aggregate
claim amounts of ₹.Rupees(in
words) with the Bank and had nominated me the above named nominee in the prescribed manner.
WHEREAS, the nominee is not in possession of the Deposit Receipt/ Passbook of the aforesaid
Deceased.

AND WHEREAS at the request of the nominee and the sureties the Bank has agreed to settle the
claim in favour of the Nominee without production of relevant original fixed deposit receipt(s),
passbook(s), inter-alia on the condition that the Nominee along with sureties shall execute an
Indemnity in the manner hereunder.

In consideration of premises, the nominee and sureties hereby irrevocably and unconditionally
indemnify and agree to keep the Bank Indemnified against any losses or damages incurred/ may
be incurred by the Bank as a result of Bank settling the claim in favour of the nominee without
insisting for submission/ production of the original deposit receipts/ passbook.

We also irrevocably and unconditionally confirm that above said Original Fixed Deposit Receipt(s)/ Passbook(s) have not be delivered to any other persons and the above said accounts/ receipts have not been pledged/ transferred or assigned to any other person(s)/ organization/agency to the best of our knowledge.

We further undertake to deliver to the Bank the said Original Deposit Receipt(s)/ Passbook(s) if and when found.

The above stated facts are true and correct

(Signature of Nominee)

1. Signature of Sureties

Name :

S/O, D/O, W/O

Address :

.....

2. Signature of Sureties

Name :

S/O, D/O, W/O

Address :

.....

3. Signature of Sureties

Name :

S/O, D/O, W/O

Address :

.....

Opinion Report on 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 (Attach a Salary Certificate, if income is by way of salary)	
7	Total yearly income from all sources	
8	No. of dependents	
9	Personal Assets	
a	Immoveable Property viz. Land / Building / flat etc. give details acquisitions, present value etc.	
b	Investments (Fixed Deposits, Shares etc. if any)	
c	Life Insurance Policy	
d	Other Assets	
e	Details of Bank Accounts, if any (Name and address of Bankers with Account No (Current / Savings) to be furnished).	
10	Personal Liability if any	
11	Please indicate whether surety is related to claimants	Yes/No
12	Period for which claimants are knownYrs.

- I confirm that all the statements made by me in this application are true and correct and have been made by me.
- I also herewith submitting photocopy of the documentary evidence of all asset and liability mentioned in the application.

Place:

Date:

Signature

(Surety)

Remarks of the Regional Manager/Sr. Manager/ Branch Manager with Signature

Annexure-10

(For claim amount up to Rs. 5000 only)

DECLARATION/UNDERTAKING

(TO BE STAMPED AS AGREEMENT)

I/We S/o/W/o/D/oaged
..... yrs residing atdo hereby solemnly and sincerely declare and state as follows:

Mr./Mrs./Miss.died onat

we state that I/we have requested MAHARASHTRA GRAMIN BANK Branch to pay
to us the amounts lying in the account/s of the deceased Mr./Mrs./Miss.

..... which are as follows:

Account	Amount (₹)

This declaration is being made to enable the bank to settle my/our claim in respect of above account/s.

I/We, the named persons, is/are the only legal heir/s/legal representative/s surviving the deceased:

SL	Name of legal heir/s/legal representative/s
1	
2	

I/We further declare that

- i) the deceased died without leaving a WILL
- ii) apart from the persons mentioned in the claim form submitted by us to the bank and whose names are stated hereinabove, the deceased has not left any other legal heir/s/legal representative/s

We hereby undertake to reimburse the bank with the amount involved in the event of any rival claim arising.

(Signature of legal heir/s/legal representative/s)

(Need not be signed before a Notary or Magistrate. Branch Manager to satisfy about the genuineness of the signature)

RECEIPT

Received from MAHARASHTRA GRAMIN BANK Branch _____ (Rupees
_____ only) by way of transfer to my/our MGB
account number/ Pay Order/ Demand draft No. _____ dated
_____ in favour of _____ being
the
balance standing at the credit of Saving Bank Account/ Current Account/ TDR/ STDR No.
_____ in the name of deceased
_____.

The balance has been paid to me as per Bank rules.

Date:

Signature of Claimant

Place:

Name:

Declaration in case funds are settled in favour of Minor

I, _____, father/mother and natural
guardian of
hereby certify that the proceeds by way of transfer to my/our MGB account number/ Pay Order/
Demand draft No. _____ dated _____ favouring by you in full and
final settlement of the balance in Account No. _____ of late
_____ will be
utilized for the benefit of the minor only.

Place:

Date:

(Signature of Guardian)

Branch Enquiry Report

Report of Enquiry/Verification Regarding the Claim on the Accounts/Assets of Late

1	Name of the Officer making the enquiry/ verification and his designation		
2	Date(s) of enquiry		
3	Names of Persons from whom enquiry made	State whether colleague, friend neighbour's, or blood relation of Persons deceased / sureties	Address of such Persons
4	Did the enquiry reveal any facts at variance with the statements of the claimant(s) in the claim form or with statements of sureties? If so, give details of such variance as also additional details, if any.		
5	Give details of documents examined (e.g. for Sale Deed Regn. No., Date, Name of Executor(s), value and description of property etc. similarly for Heirship Certificate etc.		

Certified that I have independently enquired / verified on the Account / Assets of Late _____ and I concur/differ which the views expressed above relating to the claimants and sureties.

Date:	
Place	Signature of the officer making the enquiry/verification

Form of Inventory of Contents of Safe Deposit Locker
(To be used where there is no nomination or survivorship clause)

The following inventory of contents of Safe Deposit Locker No. _____
 located in the Safe Deposit Vault of _____ Maharashtra Gramin Bank

* hired by Shri/Smt. _____ deceased in his/her sole name.
 OR

* hired by Shri/Smt.
 i) _____ (deceased)
 (ii) _____
 (iii) _____ Jointly

was taken on this _____ day of _____ 20____

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s) / a person mandated by the legal heir(s) and surviving hirers

- who produced the key to the locker.
- By breaking open the locker under his/her/their instructions. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

(All the heirs / duly constituted attorneys / Survivors of joint hirers)

Shri/Smt. _____

Address _____ (Signature)

Shri/Smt. _____

Address _____ (Signature)

Shri/Smt. _____

Address _____

(Signature)

Shri/Smt. _____

Address _____

(Signature)

And (Valuer)

Shri/Smt. _____

Address _____

(Signature)

And (Officer of the Branch)

Shri/Smt. _____

Address _____

(Signature)

And (Branch Manager)

Shri/Smt. _____

Address _____

(Signature)

And two Witness: (should not be employee / ex-employee of Bank)

Shri/Smt. _____

Address _____

(Signature)

Shri/Smt. _____

Address _____

(Signature)

Form of Inventory of Contents of Safe Deposit Locker
(To be used where there is nomination or survivorship clause)

The following inventory of contents of Safe Deposit Locker No. _____
 located in the Safe Deposit Vault of _____ Maharashtra Gramin Bank

* hired by Shri/Smt. _____ deceased in his/her sole name.

OR

* hired by Shri/Smt.

i) _____ (deceased)

(ii) _____

(iii) _____ Jointly

was taken on this _____ day of _____ 20____

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal
 heir(s) / a person mandated by the legal heir(s) and surviving hirers

- who produced the key to the locker.
- By breaking open the locker under his/her/their instructions. (Delete
 whichever is not applicable)

The above inventory was taken in the presence of:

Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

OR

Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

AND

Shri/Smt. _____ _____

Address _____

(Signature)

Shri/Smt. _____

Address _____

(Signature)

(Survivors of joint hirers)

* I, Shri/Smt. _____

(Nominee)

* We, Shri Smt. _____

(Nominee)

Shri/Smt. _____

and Shri/Smt. _

the survivors of the joint

hirers,

hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory

Shri/Smt. _____

(Nominee)

Shri/Smt. _____(Survivor)

Signature _____

Signature _____

Date: _____

Place: _____

And two Witness: (should not be employee / ex-employee of Bank)

Shri/Smt. _____

Address _____

(Signature)

Shri/Smt. _____

Address _____

(Signature)

NOTE: It is made clear that access to locker is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.

Form of Inventory of Articles left in Safe Custody
(To be used where there is nomination or survivorship clause)

The following inventory of articles left in safe custody with _____ branch _____ of Maharashtra Gramin Bank , by Shri/Smt. _____(deceased) under agreement / receipt dated _____ was taken on this _____ day of _____ 20.

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

The above inventory was taken in the presence of:

Shri/Smt. _____

Address _____ (Signature)

(NOMINEE)

Shri/Smt. _____

Address _____ (Signature)

(APPOINTED ON BEHALF OF MINOR NOMINEE)

I, Shri/Smt. _____ (Nominee / appointed on behalf of minor Nominee) hereby acknowledge receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory

Form of Inventory of Articles left in Safe Custody
(To be used where there is no nomination or survivorship clause)

The following inventory of contents of Safe Deposit Locker No. _____
 located in the Safe Deposit Vault of _____ Maharashtra Gramin Bank

* hired by Shri/Smt. _____ deceased in his/her sole name.

OR

* hired by Shri/Smt.

i) _____ (deceased)

(ii) _____

(iii) _____ Jointly

was taken on this _____ day of _____ 20____

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s) / a person mandated by the legal heir(s) and surviving hirers

• who produced the key to the locker.

- By breaking open the locker under his/her/their instructions. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

(All the heirs / duly constituted attorneys / Survivors of joint hirers)

Shri/Smt. _____

Address _____ (Signature)

And (Valuer)

Shri/Smt. _____

Address _____ (Signature)

And (Officer of the Branch)

Shri/Smt. _____

Address _____ (Signature)

And (Branch Manager)

Shri/Smt. _____

Address _____ (Signature)

And two Witness: (should not be employee / ex-employee of Bank)

Shri/Smt. _____

Address _____ (Signature)

Shri/Smt. _____

Address _____ (Signature)