



FORM FOR SETTLEMENT OF CLAIMS OF DECEASED DEPOSITOR
(IN CASE OF NOMINATION)

From

To,
The Branch Manager,
 **Branch**
HCBL Co-operative Bank Ltd.

Dear Sir,

Re: Deceased Account Late Shri/Smt.....
 Account No(s).....

I/we advise the demise of Shri/Smt.....on
He holds the above account(s) at your branch .

The account in name(s) of:.....

A .In case of nomination

ISon /daughter of
 Shri.....residing
 at.....

Please settle the following balance in the account in name of the nominee.

S.No.	Type of Account (A/c No.s)	Amount
1	SB/Current A/c	
2	Term Deposits	
3	Locker	
4	ATM Card No.....to be blocked	
5	Internet Banking to be blocked	
6	Grand Total	

I/we receive the payment as trustee of the legal heirs of the deceased.

In the case of joint account

I/We request you to delete the name of deceased person and continue the account in my/our name(s) with the same mode of operations

I /We submit the photocopy of the following document(s) together with the originals .Please return the originals to undersigned after verification.

Death certificate issued by.....

Identification proof (in case of the nominee).....

Yours Faithfully

Claimant(s)

Place:

Date:

“RECEIVED from HCBL Co-operative Bank Ltd. ₹.....

(Rupees.....

.....) by their pay order no.....

Datedin the full and final settlement of my/our claim in respect of current /saving /fixed deposit account of theirbranch ,in the name of

Shri./Smt.....deceased in accordance with the Death Certificate/Succession certificate/letter of probate /Letter of Administration in my /our favour(or in terms of letter of declaration cum surety dated.....).”

Witness:

1. Signature :

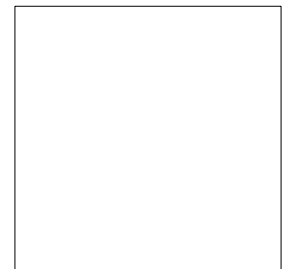
Name :

Address :

2. Signature :

Name :

Address :



(Affix one rupee revenue stamp)

Name & Signature of Claimant
(Signature should cross the revenue stamp)