

Annexure 4A

Application for Deceased Claim from Legal Claimant [Holder of Succession Certificate, or Letter of Administration, Court Order or Probate of Will]

From					
To The Branch Head Axis Bank Ltd.	Branch				
Dear Sir,					
Re: Deceased Account					
Late Shri/Smt.					
Account No(s)					_
Term/Fixed Deposit No)(s)				
they hold the above a	of Shri/Smt account(s)/term/fixed_depo is/arein	sit(s) at your	on branch. T	The account name(s)	t(s)/term/fixed
as	·				
I/We submit photocopy to us after verification.	of the following document(s	s) together with	h originals.	Please retui	n the original
i. Death Certificate	e issued by				
ii. Identity proof (re	equired in nomination cases	3)			
			J	Wife	
	residing at				_
	eived the legal representat			-	_
•	ank the balance(s) in th	e account(s)	with the	Bank in t	he name of
	, the deceased.				
	m for the above balances wentation by way of: (Select v				ned deceased
Will of the late Shi	ri / Smt. / Kum. the Court of	at	dated _		and a
		(Copy er	nclosed).		
Succession Ce	rtificate dated		granted by	the Cou	rt of
	at		(Сору	Enclosed).	



Letters of A		n No		da	ated	issued
						_ (Copy
enclosed).						
Court order N	No			dat	ted	issued by
Court ofenclosed).	at _					(Сору
Accordingly, I he claim settlement					s / documents	for deceased
I am / We are aw payable to the Ba payable to the B accordance with total available ba	ank in relation ank. I / We the terms of	n to certain credit hereby authorise the loan agreeme	facilities a the Bank ent execute	vailed by him/ he in exercise of it ed, to deduct the	er and/ or certa s right to lien a Outstanding D	in other dues and set-off in
Pay the Proceed	l by:-					
DD to	•	be is	ssued	in	favour	of:
or A/c	No	fc	or	fund	-	Transfer:
I/We lodge our de	eceased clair	n settlement for p	payment as	per the Bank's	rules & discretion	on.
My/our contact	details is/are	as below:				
Name of the Clai Mobile Number of Email id of Claim	f Claimant	:	: -			
I hereby author mentioned accou					ettlement relate	ed to above
I/We hereby sole knowledge and b		that the above s	tatements	are true and co	rrect to the be	st of my/our
Place:					Yours faithfully	,
Date:				((Claimant(s))	



For Office Use

Documents Received Date:					
Name	of	Customer	(Deceased):		CIF:
Date of	Death:		Date of	Intimation to Bank:	
Name o	of Claim	nant(s):			
Certific	ation b	y Branch Head	l:		
Certified	d that du	ue diligence and	d discrete enquiry	have been made to identify the claimant(s).	
All the o	docume	nts have been v	verified with the or	iginal (wherever applicable).	
Branch	has dor	ne discreet enq	uiry about the gen	uineness of the order and certified copy of the C	Order.
	is		system is, Ducase of name misr	and as per OVD are diligence is done, and we confirm that bo match)	proof th the
	Deceas Certific both th	sed name as ate is e persons are s	per system is _	and as per, Due diligence is done, and we confirmame mismatch)	Death m that
Signatu	re:			Signature:	
(Sign V Grade: Employ		on / Prepared by	у ВОН)	(Approved by Branch Head) Grade: Employee code:	

Documentation required for Deceased Claim Settlement

Deceased claim settlement through legal representation	Death Certificate
	Probated will/Succession Certificate/ Court Order/ Letter of Administration Received
	Claim Form (Annexure- 4 A)
	OVD of Claimant/s
amough logal roprocontation	SB Account Closure Form
	In case of FD, FD Receipt or FD advice(as applicable) signed by claimant/s
	Annexure - 7 Receipt – To be collected from claimant once the settlement is done.