Annex I-A

Application Form for Settlement of Claim in Deposit Accounts
(Cases with Nomination or Joint Account with Survivorship Clause)

To:
The Branch Manager
Arunachal Pradesh Rural Bank
_____ Branch

Date: _____

Dear Sir / Madam,

I/We, the undersigned, being the *nominee(s)/survivor(s)* of the late Shri / Smt. / Kum. _____, request payment of the balance lying in his/her deposit accounts maintained at your branch.

1. **Particulars of Deceased Customer**

- Name: _____
- Date of Death: _____
- Death Certificate No. & Authority: _____
- Address: _____

2. **Details of Deposit Accounts**

Sl No.	Nature of Deposit	Account Number	Balance (₹)	Remarks
1				
2				

3. **Particulars of Nominee(s)/Survivor(s)**

Sl. No.	Name	Relationship with Deceased	Address	Mobile No. / Email	Account No. for credit
1					
2					

4. **Documents enclosed:**
☐ Claim Form (this form)
☐ Death Certificate (original for verification, copy enclosed)
☐ OVD (KYC) of nominee/survivor

Declaration:
I/We declare that –

1. The above accounts are not subject to any dispute or court order.
2. The payment made by the Bank will be received by me/us as **trustee(s) of the legal heirs** of the deceased.
3. The Bank may exercise its right of set-off for any dues outstanding from the deceased customer.

Name : **Signature / Thumb Impression**

Witness (required in case of thumb impression):

Name: _____ Address: _____ Signature: _____

Annex I-B

Application Form for Settlement of Claim in Deposit Accounts
(Cases without Nomination or Survivorship Clause)

To:
The Branch Manager
Arunachal Pradesh Rural Bank
_____ Branch

Date: _____

Dear Sir / Madam,

I/We, being the legal heir(s)/claimant(s) of late Shri / Smt. / Kum. _____, request settlement of the balances lying in his/her deposit accounts at your branch.

1. Particulars of Deceased Customer

- Date of Death: _____
- Place: _____
- Death Certificate No. & Authority: _____
- Address: _____

2. Details of Deposit Accounts

Sl No.	Nature of Deposit	Account Number	Balance (₹)	Remarks
1				
2				

3. Details of Legal Heir(s)/Claimant(s)

Sl. No.	Name	Relationship with Deceased	Age	Address	Mobile No. / Email	Whether Signing No-Objection
1						
2						

4. **Declaration:**

☐ No nomination/survivorship clause exists.

☐ To the best of my/our knowledge, no Will has been left by the deceased.

☐ There is no dispute among legal heirs.

☐ The Bank may exercise lien/set-off for any dues of the deceased.

5. **Documents enclosed:**
   - ☐ Death Certificate (original seen)
   - ☐ OVD (KYC) of claimant(s)
   - ☐ Bond of Indemnity (Annex I-C)
   - ☐ Letter of Disclaimer / No-Objection (Annex I-D) from other heirs, if any
   - ☐ Legal Heir Certificate or Declaration from independent person (Annex I-E)

Signature of Claimant(s):

Name	**Signature / Thumb Impression**

Witness (required in case of thumb impression):

Name: _____ Address: _____ Signature: _____

Annex I-C

BOND OF INDEMNITY

(To be executed on non-judicial stamp paper as per State Stamp Act)

(For Settlement of Claim in Deposit Accounts of Deceased Customer without production of Legal Documents)

To:
The Branch Manager
Arunachal Pradesh Rural Bank
_____ Branch

In consideration of your paying the sum of ₹_____ (Rupees _____) lying to the credit of late Shri / Smt. _____ to me/us, being the legal heir(s)/claimant(s), without production of any Court Order or Succession Certificate,

I/We, the undersigned, hereby jointly and severally agree to indemnify and hold harmless Arunachal Pradesh Rural Bank, its officers and employees against any loss, claim, or legal proceeding arising due to payment of the aforesaid amount to us.

Name(s) & Signature(s) of Claimant(s):

Sl No.	Name	Signature	Address
1			
2			

Witnesses:

1. _____ (Signature)
2. _____ (Signature)

Annex I-D

LETTER OF DISCLAIMER/ NO OBJECTION

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

To:
The Branch Manager
Arunachal Pradesh Rural Bank
_____ Branch

Dear Sir / Madam,

We, the undersigned legal heirs of late Shri / Smt. _____, have **no objection** to the payment of balances in his/her deposit accounts at your branch to the following claimant(s):

We hereby relinquish all rights, title, and claim to the said amounts and undertake not to raise any future claim against the Bank in this regard.

Name of Non-Claimant Heir	Age	Relationship	Address	Signature

Date: _____ Place: _____

Witness:

Name: _____ Signature: _____

Annex I-E

DECLARATION/ AFFIDAVIT BY AN INDEPENDENT PERSON

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

I, Shri / Smt. _____son/daughter of _____, residing at

_____, do hereby solemnly affirm that:

1. I have known the family of late Shri / Smt. _____ for the last _____ years.
2. The deceased died intestate on _____ at _____.
3. The following are the only known legal heirs of the deceased:

Sl No.	Name	Age	Relationship with Deceased	Address
1				
2				

4. I am not related to any of the above persons and have no interest or claim in the estate of the deceased.
5. This declaration is made to enable Arunachal Pradesh Rural Bank to settle the claim in favour of the above legal heirs without production of legal documents from a court of law.

Signature of Declarant: _____

Date: _____ **Place:** _____

Before me,

(Signature & Seal of Notary Public / Magistrate)