

Application for Deceased Claim**(To be used when account has nomination or is a joint account with survivorship clause)****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)** _____

I/We advise the demise of Shri/Smt. _____ on _____. He/she holds the above account(s)/term/fixe deposit(s) at your branch. The account(s)/term/fixe deposit(s) is/are in the name(s) of _____ with MOP as _____.

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

- i. Death Certificate issued by _____
- ii. Identity proof (required in nomination cases) _____

A. In case of Nomination

I, _____ son/daughter of Shri _____ residing at _____.

i. I am the registered nominee in the above account(s)/ term/fixe deposit(s).

OR

ii. I am the person authorized to receive payment on behalf of Master / Miss _____ who is the nominee in the above account(s) / term / fixe deposit(s) and is a minor as on the date of this claim.

Please settle the balance in the account in the name of the nominee. I/we receive the payment from the Bank as trustee(s) of the legal heirs of the deceased depositor i.e., such payment to me/us shall not affect the right of claim which any person may have on me for deposits of the deceased and there is no court order seeking to restrain the Bank from making such payment. I further affirm that payment of the balances of such account(s) to the nominee represents a valid discharge of the bank's liability.

(For premature closure by Nominee of Term/Fixe Deposit/s)

Please prematurely close the above term/fixe deposit(s) as on the date of this instruction and settle the proceeds in the name of the nominee. I/we instruct for premature closure and will receive the

payment from the Bank as trustee(s) of the legal heirs of the deceased depositor i.e. such payment to me/us shall not affect the right of claim which any person may have on me for deposits of the deceased and there is no court order seeking to restrain the Bank from such premature closure or making such payment. I further affirm that such premature closure and payment of the proceeds of such deposit to the nominee represents a valid discharge of the bank's liability.

B. In the case of Joint Account

Please settle the balance in the account in the name of the survivor. I/we receive the payment from the Bank as trustee(s) of the legal heirs of the deceased depositor i.e., such payment to me/us shall not affect the right of claim which any person may have on deposits of the deceased and there is no court order seeking to restrain the Bank from making such payment.

OR

I/We request you to delete the name of deceased person from savings account and continue the account in my /our name(s) with mode of operation as _____ (please select, if applicable)

OR

I/We request you to delete the name of deceased person from term deposit, update the revised mode of operation as _____ and close the term deposit on maturity (please select, if applicable)

(For premature closure by Survivor of Term/Fixed Deposit/s)

Please prematurely close the above term/fixed deposit(s) as on the date of this instruction and settle the proceeds in the name of the survivor(s). I/we instruct for premature closure and will receive the payment from the Bank as trustee(s) of the legal heirs of the deceased depositor i.e. such payment to me/us shall not affect the right of claim which any person may have on me for deposits of the deceased and there is no court order seeking to restrain the Bank from such premature closure or making such payment. I further affirm that such premature closure and payment of the proceeds of such deposit to the survivor(s) represents a valid discharge of the bank's liability.

I am / We are aware that the deceased holder had certain outstanding amounts ("Outstanding Dues") payable to the Bank in relation to certain credit facilities availed by him/ her and/ or certain other dues payable to the Bank. I / We hereby authorise the Bank in exercise of its right to lien and set-off, to deduct the Outstanding Dues from the total available balance held by the deceased holder in the aforesaid account(s)

My/our contact details is/are as below:

Mobile Number of Claimant: _____

Email id of Claimant: _____

I/we hereby authorise Bank to send communication regarding claim settlement related to above mentioned account(s) to my contact number/email id mentioned herewith.

I/we hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place:

Yours faithfully,

Date:

(Claimant(s))

For Office Use**Name of Customer (Deceased):** _____**CIF:** _____

Date of Death: _____ Date of Intimation to Bank: _____

Name of Claimant(s): _____

[Nominee/survivor(s)/claimant(s). If Joint holders, please list name of all the holders]

*(Please check details of related party and nomination in Finacle)

Mode of Settlement:

In favour Nominee / Survivor(s): _____

DD to be issued in favour of:
_____**OR**

Continue with deletion of Deceased Name (Yes/No): _____ MOP: _____

Certification by Branch Head:

Certified that due diligence and discrete enquiry have been made to identify the claimant(s). All the documents have been verified with the original (wherever applicable).

- Claimant name as per system is _____ and as per OVD proof is _____, Due diligence is done and we confirm that both the persons are same.(in case of name mismatch)
- Deceased name as per system is _____ and as per Death Certificate is _____, Due diligence is done and we confirm that both the persons are same. .(in case of name mismatch)

Signature:

Signature:

(Prepared by Branch Operation Head)

(Approved by Branch Head)

Grade: _____ Employee code: _____

Grade: _____ Employee code: _____

Date: _____

Documentation required for Deceased Claim Settlement

Scenario	Documents required
Single account with nominee registered	Death Certificate Claim Form (Annexure- 4) OVD of Nominee SB Account Closure Form In case of FD, FD Receipt or FD advice (as applicable) signed by Nominee. Annexure - 7 Receipt – To be collected from claimant once the settlement is done.
Survivorship clause available, one of the holder deceased and survivor(s) wish to close the account.	Death Certificate Claim Form (Annexure- 4) SB Account Closure Form In case of FD, FD Receipt or FD advice (as applicable) signed by survivor/s Annexure - 7 Receipt – To be collected from claimant once the settlement is done.
Survivorship clause available : one of the holder deceased and survivor(s) wish to continue the account.	Death Certificate Annexure - 4 (Claim Form) with revised mode of operation duly signed by all survivors OVD of survivors
Death of a Sole Proprietor-nominee registered	Death Certificate Claim Form (Annexure- 4) OVD of Nominee SB Account Closure Form In case of FD, FD Receipt or FD advice (as applicable) signed by Nominee. Annexure - 7 Receipt – To be collected from claimant once the settlement is done.