

## ESTATE CLAIM FORM

UNION BANK OF INDIA

Dear Sirs,

ESTATE OF THE LATE \_\_\_\_\_

I/We give hereunder the necessary particulars concerning my/our claim against the Bank in respect of the estate of the above named deceased. I/We shall furnish any further information that the Bank may desire in this regard. I/We declare that the under-mentioned particulars furnished by me/us are true to my/our knowledge and belief and agree that I/We shall be jointly and severally liable to you for any misrepresentation or suppression of material fact and indemnify you against any demand made on you by any other person claiming under or in the right of the above named deceased for or in respect of monies/shares claimed by me/us herein.

Yours faithfully,

1. Name _____	Signature _____
2. Name _____	Signature _____
3. Name _____	Signature _____
4. Name _____	Signature _____
5. Name _____	Signature _____
6. Name _____	Signature _____

Date:

Place:

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 1. Full Name of the Deceased :

2. Permanent address (Last)

3. Date of Death

4. Evidence of Death

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 (Particulars of A/c to which claim refers)

5. Type of Account

7. Address registered with Bank

8. Value of claim with Bank (state balance in the a/c or No. of shares held)

9. Particulars of claimants / heirs

Name in full                      Age                      Relationship with deceased

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

Address

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10. Other Assets left by the deceased

	<u>Value</u>
Immovable property	Rs.
Shares & Securities	Rs.
Investment in business	Rs.
Other Assets	Rs.
	_____

11. a) Has the deceased left any will?

b) Has Estate Duty Discharge Certificate been obtained?

c) Has any Probate/letters of Administration or Succession Certificate to the estate of the deceased been obtained?

d) Executors/Successors/Administrators of/to the estate of the deceased

	<u>Names</u>	<u>Occupation</u>
(i)	_____	_____
(ii)	_____	_____
(iii)	_____	_____
(iv)	_____	_____

Address:

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12. Documents enclosed for registration and return (Please furnish originals)

- (i) Municipal Death Certificate
- (ii) Estate Duty Discharges Certificate
- (iii) Legal Representation to the estate of the deceased (see item 10© above)
- (iv) \_\_\_\_\_
- (v) \_\_\_\_\_

13. If claimants desire payment against an indemnity Bond, please give following particulars regarding proposed sureties (two)

i) Name :  
Address :  
Occupation:  
Banker's name:

ii) Name :  
Address :  
Occupation:  
Banker's name:

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FOR OFFICE USE ONLY (not to be filled in by the claimants)

a) Title of account :

b) Nature of Account : CD/SB/FDR/SDV LOCKERS/Individuals/Jt. Account Holder

c) Status of Deceased : HUF/Proprietor/Partner/Trustee

d) Mandate for operation of a/c (Reproduce verbatim from A.O.F.)

e) Date of A/c opened AB(Average balance) PB( Present  
balance):

f) Deceased's liability to Bank  
(State limits outstanding)  
(Securities held if any)

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SANCTIONING AUTHORITY