

Application for Deceased Claim Settlement

To be used when account has nomination or is a joint account with survivor clause

**** Claimant - Nominee/Survivor ****

From

To

The Branch Manager,
Utkarsh Small Finance Bank Limited
_____ Branch

Dear Sir,

Regarding Deceased settlement in the name of

Late Shri/Smt _____

SA/CA/TD/RD account No (s) _____

I/We advise the demise of Shri/Smt _____ on dated _____. He/
She was holding the above account(s) at your branch.

The account is in the name of _____

In case of Nomination-

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

I am the registered nominee in the above account(s).

I am the person authorized to receive payment on behalf of Master/ Miss _____
who is the nominee in the above account(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 shall receive the payment only as trustee of the legal heir(s) of the deceased. **In the case of joint account (with survivor clause) -**

I/We request you to delete the name of deceased person and continue the account in my/ our name(s) with revised (in case the account has only two holders)/same mode of operations.

OR

I/We request you to close the account and settle the balance in the name of survivor.

I/we am/are enclosing account closure request form.

I understand that, I shall receive the payment only as trustee of the legal heirs of the deceased.

I/We submit photocopy of the following document(s) together with originals.

Please return the original to us after verification.

Death Certificate issued by _____

Identity proof _____

Yours faithfully,

Place:

[Signatures of the Claimant(s)]

Date:

Application for Deceased Claim Settlement

(This has to be sworn in before a notary public submitting to the Bank)

To be used for cases other than nomination or joint a/c without survivor clause

(MOP-Jointly operated) -up to ₹1lac

**** Claimant - Legal Heirs or jointly by Survivor and legal heir(s) ****

From

To

The Branch Manager,

Utkarsh Small Finance Bank Limited

_____ Branch

Dear Sir,

Re : Deceased Account

Late Shri/Smt _____

Account No (s) _____

I/We advise the demise of Shri/Smt _____ on _____.
He/She was holding the above account(s) at your branch. The Account(s) is/are in the name
of _____

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I am/we are the survivors/legal heirs of the above named deceased and lodge my/our claim for payment as per the bank's rules and discretion. The relevant information about the deceased and the claimants are as under:

Names in full of the parents of the deceased:

Father: _____

Mother: _____

Religion of the deceased _____

Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children

Full Name/Address	Occupation	Relationship with deceased	Age
i) _____	_____	_____	_____
ii) _____	_____	_____	_____
iii) _____	_____	_____	_____
iv) _____	_____	_____	_____

Name or Names of the Guardians/s: _____ of the minor children of the depositor.

Whether Natural Guardian : _____

Whether Guardian appointed: _____ by a Court of Law in India. If so, attach a certified copy or duly attested copy of such order

In whose custody the Minor/s is/are _____

Claimant/s name/s & address in full:

- i) _____
- ii) _____
- iii) _____

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by _____
2. Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased to _____ on my/our behalf.

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

Date:-

Place:-

Yours faithfully,

Name of Claimant(s)

Signature of claimant(s)

1.

2.

3.

4.

5.

Application for Deceased Claim Settlement

(This has to be sworn in before a notary public submitting to the Bank)

To be used for cases other than nomination or joint a/c without survivor clause (MOP-Jointly operated) -above ₹1lac

**** Claimant - Legal Heirs or jointly by Survivor and legal heir(s) ****

From

To

The Branch Manager,

Utkarsh Small Finance Bank Limited

_____ Branch

Dear Sir,

Re : Deceased Account

Late Shri/Smt. _____

Account No (s). _____

I/We advise the demise of Shri/Smt. _____ on _____. He/She was holding the above account(s) at your branch. The account is in the name of _____ (the above named deceased) and _____ .I am/We are the survivor(s)/legal heir(s) or person(s) authorized by all the legal heirs of deceased a/c holders.

I/We request you to close the account and settle the balance in the name of survivor viz., Shri/Smt. _____.

I/we am/are enclosing account closure request form.

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

Death Certificate issued by _____

Proof of Identity _____

Place:

Yours faithfully

Date:

[Claimant(s)]

Letter of Indemnity by Claimant(s)

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

LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF PROCEEDS
IN THE DECEASED CONSTITUENT'S ACCOUNT WITHOUT
PRODUCTION OF LEGAL REPRESENTATION
(Claims up to ₹1lac)

To

The Branch Manager

Utkarsh Small Finance Bank Limited

IN CONSIDERATION of your paying or agreeing to pay me/us, viz.,

(Insert here the Name(s) of Legal Heirs / Claimants)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

the sum of Rupees _____

standing to the credit of Savings Bank/Current/R.D Account No. _____ with your bank in the name of Shri/Smt/Kum _____, since deceased, without production of Letters of Administration or a succession Certificate to his/her estate. I/We do hereby for myself/ourselves and my/our heirs, legal representatives, executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign and save harmless against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

SIGNED AND DELIVERED By the above named on this _____ Day of _____ two thousand _____.

SIGNED AND DELIVERED by the above named

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

(Heirs/claimants of the deceased)

Affidavit by Claimants

(above ₹1lac)

(Proforma Affidavit to be affirmed by the claimant(s), other legal heir(s) of the deceased to be executed on Non-Judicial Stamp Paper of requisite value duly affirmed before a Metropolitan/1st Class Magistrate or a Notary Public or any authority duly authorized to affirm or to take affidavit on oath).

We, the undersigned, do hereby solemnly affirm, declare and say as follows:

That Smt./Shri _____ (since deceased) daughter/son/wife of _____
 _____ aged _____ by religion _____ by occupation _____
 _____ last residing at _____ died on _____
 _____ at _____ *intestate/leaving a Will dated _____
 _____ which has been * probated/not probated. A copy of the death certificate is enclosed.

That we, the undersigned, having ages, address and occupations as under are the *only legal heirs/legatees/executors/administrators to the estate of the deceased:

Name	Age	Occupation	Residential Address	Office address	Relationship with deceased

That apart from as above, there are no other claimants/legal heirs of the deceased having any claim to the assets and properties of the deceased.

The details of assets/securities/deposit standing in the name of Mr/Mrs./Ms. _____ (now deceased) are as under

Ref. No.	Description	Issuing Date	Date of Maturity, if any	Amount/Value

Total _____.

That the statements made above are true to our knowledge.

Sworn and affirmed on this _____ day of _____ Two thousand _____ in my presence

Date:

(Signature of Claimants/Legal heirs Executors/Administrators)

Name

Signature

1.

2.

3.

4.

Signature of attesting functionary with Designation and Official Seal

* Strike out whichever is not applicable.

Indemnity by Claimant(s) & Sureties

(Above ₹1lac)

(To be executed on non-judicial stamp paper of requisite value by claimants/legal heirs/sureties)

In consideration of Utkarsh Small Finance Bank Limited having its Head Office at Utkarsh Tower, NH -31(Airport Road), Sehmalpur, Kazi Sarai, Harhau, Varanasi - 221105, Uttar Pradesh and among others a branch office at _____ (hereinafter Referred to as the Bank which expression shall include its successors and assigns) at our request and authorization and on the strength of statements and declarations contained in an Affidavit dated _____ by the claimants/legal heirs, agreeing to allow operation/pay/deliver/to transfer to Mr./Mrs _____, one of us the undersigned, the assets/securities/deposit standing in the name of Mr./Mrs./Ms. _____ (now deceased) without production of legal representation to the estate of the said deceased. We, all the undersigned claimants,/ legal heirs/ sureties/ executors/ administrators do hereby jointly and severally indemnify and save harmless and agree at all times to keep indemnified the Bank from and against all claims that may be preferred against the Bank and against all actions, proceedings, claims and demands which may be brought or made against the Bank by any person or persons whomsoever in respect of the said assets/securities/deposits or any portion thereof and against all losses, damages, costs, charges and expenses that the Bank may incur or pay in consequences of the Bank paying/delivering the said deposits/assets/securities/allowing operation without production of legal representation.

Details of assets/securities/deposits are as follows:

Ref. No.	Description	Issuing Date	Date of Maturity	Amount/Value

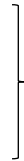
Total _____

Name	Occupation	State whether claimants other heirs/ Sureties/ Executors/administrators	Residential address	Office address	Date

We undertake to notify immediately the Bank of any change in our above address/es Signature:

Claimants





Sureties

Indemnity cum undertaking by Nominee/legal Heir/s in absence of required papers

Proforma of the Indemnity to be signed by the Nominee and the Indemnities while settling claims without production of relevant Pass Books/Deposit Certificates and Locker Keys etc. on a stamp paper of requisite value

This Indemnity cum undertaking executed at _____ this _____ day of _____ 20_____.

Executed by:

1) Shri/Smt _____ son/daughter/wife _____

-

_____ aged about _____ years residing at _____ (herein after called the Nominee

and the Indemnifiers);

And

2) Shri/Smt _____ son/daughter/wife of _____ aged about _____ years residing at _____ (hereinafter called the Nominee and the Indemnifiers);

3) Shri/Smt _____ son/daughter/wife of _____ aged about

_____ years residing at _____ (hereinafter called the Nominee and the Indemnifiers);

which expression wherever the context so admits or requires, means and includes their respective heirs, legal representatives, successors and assigns)

In favour of Utkarsh Small Finance Bank Limited, with its Head Office at Utkarsh Tower, NH -31(Airport Road), Sehmalpur, Kazi Sarai, Harhau, Varanasi - 221105, Uttar Pradesh and among others a Branch Office at _____ (hereinafter called the Bank) which expression shall wherever the context so admits or requires, means and includes its successors and assigns.

WHEREAS Shri/Smt. _____ (hereinafter called the deceased) died on _____. The deceased held a Bank Deposit/Locker Account being numbered as _____ with the Bank and had nominated the above named Nominee/s in the prescribed manner.

AND WHEREAS at the request of the Nominee and the Indemnifiers the Bank has agreed to settle the claim in favor of the Nominee/legal heir without production of relevant Passbook/Unused cheque books/Debit Card/Deposit Certificate/Locker Key in original.

In consideration of the Bank at our request and authorization agreeing to settle the claim in favor of the Nominee/legal heir without production of relevant Passbook/Unused cheque books/Debit Card/Deposit Certificate/Locker Key in original WE, all the undersigned Nominees and Indemnifiers do hereby jointly and severally indemnify and save harmless and agree at all times to keep indemnified the Bank from and against all claims that may be preferred against the Bank and against all actions, proceedings, claims and demands which may be brought or made against the Bank by any person or persons whomsoever in respect of the said assets/securities/deposits or any portion thereof and against all losses, damages, costs, charges and expenses that the Bank may incur or pay in consequences of the Bank settling the claim in favor of the Nominee/legal heir without production of relevant Passbook/Unused cheque books/Debit Card/Deposit Certificate/Locker Key in original .

In consideration of the premises, the Nominee and Indemnifiers further agree to pay interest at commercial rate to the Bank in case the Bank is called upon anyhow to incur any expenses what so ever and/or to make payment in respect of the above deposits/assets/securities to any persons, from the date of such incurring of expenses and/or payment till realization from us and also to agree to indemnify and keep the Bank Indemnified as against any losses or damages incurred/to be incurred by it arising out of the same as stated hereinabove.

We also confirm that the above said Passbook/Unused cheque books/Debit Card/Deposit Certificate/Locker Key in original have not been delivered to any other persons and the above said account articles and contents of the Locker have not been pledged, transferred or assigned to any other person(s) to the best of our knowledge.

We further undertake to deliver to the Bank the said original Pass Book/Deposit Receipts /Keys of the Locker if and when found.

(1) Signature of Indemnifier

(2) Signature of Indemnifier

(3) Signature of Nominee

Form of Inventory of Contents of Safety Locker Hired from Banking Company

(Section 45ZE (4) of the Banking Regulation Act, 1949)

(To be used where there is nomination/survivorship clause)

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____.

* hired by Shri/Smt. _____ (since deceased) in his/her sole name.

* hired by Shri/Smt. (i) _____ (since deceased)

(ii) _____ and

(iii) _____ Jointly

was taken on this _____ day of _____ 20_____.

Sr.No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving hirers

By breaking open the locker under his/her/their instructions.

Who produced the key to the locker (Delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee) _____

(Signature)

Address _____

2. Shri/Smt. _____ (Nominee) _____

(Signature)

Address _____

and

3. Shri/Smt. _____ _____

Survivors

(Signature)

of joint hirers

Address _____

4. Shri/Smt. _____ _____

(Signature)

Address _____

2. Witness (es) with name, address and signature:

* I, Shri/Smt. _____ (Nominee)

* We, Shri/Smt. _____ (Nominee),

Shri/Smt. _____ and Shri/Smt. _____ the survivors of the joint hirers, hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee) Shri/Smt. _____

(Survivor)

Signature _____

Signature _____

Date & Place _____

Shri/Smt. _____

(Survivor)

Signature _____

Date & place _____

NOTE:

It is made clear that access to locker is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.

Legal heir/s

Form of Inventory of Contents of Safety Locker Hired from Banking Company

(To be used where there is no nomination/no survivorship clause)

The following inventory of contents of Safety Locker No. _____ located in the Safe Deposit Vault of _____ Branch at _____.

* hired by Shri/Smt. _____ (since deceased) in his/her sole name.

* hired by Shri/Smt. (i) _____ (since deceased)

(ii) _____ and

(iii) _____ jointly

was taken on this _____ day of _____ 20_____

Sr. No.	Description of Articles in Safety Locker	Other identifying particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s)/a person mandated by the legal heir(s) and surviving hirers

By breaking open the locker under his/her/their instructions.

Who produced the key to the locker. (Delete whichever is not applicable)

The above inventory was taken in the presence of:

Legal heirs of deceased joint hirer(s)/person mandated by legal heirs

1. Shri/Smt. _____

(Signature)

Address. _____

Shri/Smt. _____

(Signature)

Address. _____

And

Shri/Smt. _____
 Survivors of Joint hirers _____
(Signature)

Address _____

Shri/Smt. _____

(Signature)

Address. _____

2. Witness (es) with name, address and signature:

Shri/Smt. _____

(Signature)

Address. _____

Shri/Smt. _____

(Signature)

Address. _____

Note: Succession certificate shall not hold good in case of legal representation for claiming locker contents

Application for Deceased claim for Locker

(To be used when joint locker with survivorship and has nomination)

**** claimant- Nominee & Survivor jointly ****

From,

To,

The Branch Manager,
 Utkarsh Small Finance Bank Limited,
 _____ Branch

Dear Sir,

DECEASED Locker Holder - LATE Mr/Mrs _____

Locker No. _____

We advise the demise of Mr./Mrs. _____ on _____ (date). He/she
 holds the above Locker in your branch.

Please find further details of the locker as below:

The locker stated (Name)	has following	joint (Signature) holders.
1. _____		_____
2. _____		_____
3. _____		_____

Following persons are nominees in this lockers:

(Name)	(Signature)
1. _____	_____
2. _____	_____
3. _____	_____

Please permit access to all surviving joint holders and nominees jointly.

In case of minor as nominee:

I, Shri./Smt./Kum. _____ appointee on behalf of the minor nominee hereby declare that I am appointed on behalf of the minor nominee of the deceased Shri./Smt. _____ . I further declare that I am appointed to claim the articles held in safe custody /safe deposit locker with _____ Branch. The articles held in safe custody/safe deposit locker are held in the locker no _____ safe custody receipt no _____ of Shri./Smt. _____ (deceased).

Shri./Smt. _____

Signature _____

(Appointed on behalf of
Minor nominee)

Address: _____

Witness* :

1. Magistrate of judicial official or
2. An official of the central or state government or
3. An officer of the bank or
4. Two persons acceptable to bank.

* Strike out whichever is not applicable.

1. Name :	2. Name :
Address :	Address :
Signature :	Signature :

Note: It is made clear that access to locker is given to survivor(s) & nominee(s) only as a trustee of the legal hirers of the deceased locker hirer on the condition that such access if given to survivor(s) & nominees(s) shall not affect the right or claim which any person may have against the survivor(s) & nominee(s) to whom the access is given.

Application for Deceased claim for Locker

(To be used when locker has nomination or joint locker with survivorship)

** Claimant - Nominee or Survivor **

From,

To,

The Branch Manager,

Utkarsh Small Finance Bank Limited,

_____ Branch

Dear Sir,

DECEASED Locker Holder - LATE Mr/Mrs _____

Locker No. _____

We advise the demise of Mr./Mrs. _____ on _____ (date). He/she holds the above Locker in your branch.

Please find further details of the locker as below:

Tick	Particulars
(A)	<p><u>In case of Single holder with Nomination:</u></p> <p>I am holding the nomination in this locker by the name of Mr./Mrs. _____ (nominee name) son/daughter of _____ residing at _____ .</p> <p><u>In case of minor as nominee:</u></p> <p>I, Shri./Smt./Kum. _____ appointee on behalf of the minor nominee hereby declare that I am appointed on behalf of the minor nominee of the deceased Shri./Smt. _____. I further declare that I am appointed to claim the articles held in safe custody /safe deposit locker with _____ Branch.</p> <p>Shri./Smt. _____ Signature _____</p> <p>(Appointed on behalf of Minor nominee)</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>

Please permit access of the mentioned locker and close the locker account. I/We am/are enclosing herewith the surrender application form in support of the same.

(B) **In case of joint locker with survivorship:**

I/we am/are the surviving holder(s) in this locker by the name of Mr./Mrs. _____
_____ (name of survivor) son/daughter of
_____ residing at _____.

Please permit access of the mentioned locker and close the locker account. I/we am/are enclosing herewith the surrender application form in support of the same.

We note to give all documents required by you like death certificate, stamped receipt etc. for settling the claims pertaining to locker.

Yours faithfully,

(Signatures and names of nominee/appointee of nominee or joint holders)

Name	Signature
1.	
2.	
3.	

Witness* :

1. Magistrate of judicial official or
2. An official of the central or state government or
3. An officer of the bank or
4. Two persons acceptable to bank.

* Strike out whichever is not applicable.

1.Name :	2.Name :
Address :	Address :
Signature :	Signature :

Application Form for deceased claim for locker

(To be used for cases without Nomination or joint account without survivorship clause)

** Claimant - Legal heirs or survivor & legal heirs jointly **

From,

Date:

To,

The Branch Manager,
Utkarsh Small Finance Bank Limited,
_____ Branch

Dear Sir,

Regarding Deceased locker holder(s) late Mr./Mrs. _____

Locker No . _____

We advise the demise of Mr./Mrs. _____ on _____. He/She holds the above locker at your branch.

1. Please Settle the claim in favour of the legal heirs* / surviving hirers & legal heirs jointly*.

* Strike out whichever is not applicable.

Surviving Heirs	
Name	Signature
Legal Heirs	
Name	Signature

Or

2. Please settle the claim pertaining to the locker held by deceased locker holder to the following mandate person.

Mr./Mrs. _____ son/daughter of _____ residing at

_____.

Signature of the mandate person.

We note to provide all documents required by you like indemnity, surety, affidavit, letter of disclaimer, stamped receipt, etc., in due course.

Witness* :

1. Magistrate of judicial official or
2. An official of the central or state government or
3. An officer of the bank or
4. Two persons acceptable to bank.

* Strike out whichever is not applicable.

1. Name :	2. Name :
Address :	Address :
Signature :	Signature :

Format of Letter of Indemnity - Missing persons

(To be taken on stamp paper of requisite amount/or franking as applicable to Indemnity)

To,

Utkarsh Small Finance Bank Limited

IN CONSIDERATION OF your paying or agreeing to pay the balances, delivering or agreeing to deliver contents of safe deposit locker held at the credit of and/or in the name of Mr. / Mrs./ MS. / Smt. _____, the missing person as mentioned hereunder:

Account No.	Nature of Deposit	Balance/Principal Amount
Safe Deposit Locker No./Sealed Box in Safe Custody Account No.	Details of the Inventory of the Locker/Articles in Safe Custody	
	Description	Weight
	Value	
Shares/ Securities Custody A/c. No.	Details of Shares & Securities	

Date of issue	Name of the Company	Distinctive Nos.	Folio No.	No. of Shares/ Securities	Face Value	Total Face Value	Total Market Value as on

without production of Letters of Administration or a Succession Certificate to his/her estate.

I _____ being the nominee of the aforesaid missing person do hereby, for myself and our heirs, legal representatives, executors and administrators, jointly and severally, UNDERTAKE AND AGREE to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying the said sum as aforesaid /having delivered or agreed to deliver the above mentioned assets to the nominee.

Signed, sealed and delivered by the above named on this _____ day of _____ Two thousand _____ at _____.

Signed and Delivered

X _____ X _____ X _____ X _____
X _____

(Heirs of the Deceased)

without production of Letters of Administration or a Succession Certificate to his/her estate.

I/We of the 1st Part - (Name of Joint Holder/s)

- 1)
- 2)
- 3)
- 4)

being the claimant(s) of the missing , do hereby, for ourselves and our heirs, legal representatives, executors and administrators, jointly and severally, **UNDERTAKE AND AGREE** to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying the said sum as aforesaid, having delivered or agreed to deliver the above mentioned assets to the claimant(s) of 1st Part.

Signed, sealed and delivered by the above named on this _____ day of _____ Two thousand _____ at _____.

Signed and Delivered

X_____ X_____ X_____

(Heirs of the Deceased) Signed and Delivered by the above named

FORMAT 'A'

(In case of a Partnership Firm)

To,
The Manager
Utkarsh Small Finance Bank Ltd.
_____ Branch

Date :

Dear Sir,

Sub: Assets of M/s _____

Sri _____ Deceased Partner-

I Mr/Ms _____ extremely sorry to inform you that Shri/Smt _____ who was a partner of M/s _____ a partnership firm, expired on _____ I am aware that the said firm is having certain accounts with you.

The deceased has left behind the following Legal Heirs. I/We am/are the legal heirs of the deceased, being his/her widow/widower/son/mother/daughter (relationship to the deceased).

The Deceased Partner Mr./Ms _____ is survived by the following legal heirs in his family:

Name	Relationship	Age
1.		
2.		
3.		
4.		

I hereby confirm that, I am aware about the reconstitution of the firm by reconstituted partnership deed dated _____ with the following partners:

Name	Relationship	Age
1.		
2.		
3.		
4.		

The execution of the re-constitution of the aforesaid firm is in order and I do not claim any right, title or interest in respect of the assets and liabilities of the firm referred to above. This consent is given on my free will and is voluntarily executed.

Yours faithfully,

Signature of all the legal heir(s): _____

Attested by: I confirm that the executant has signed/affixed his hand in my presence and I have seen him/her signing.

Signature: _____

Name & Address: _____

SB A/C No: _____

(If Utkarsh Small Finance Bank Ltd customer):

1. The consent letter shall be attested by a person known to the branch and capable of identifying the person giving the consent letter or it may be attested by a Gazetted Officer.
2. The natural guardian shall sign for self and also as guardian of the minor heirs of the deceased.

Letter of Disclaimer

(To be used for cases other than Nomination or other than joint locker holders, when all are signing the claim form and authorizing the Bank to settle the claim in favor of any one of the legal heirs)

To,

The Branch Manager

Utkarsh Small Finance Bank Limited

_____ Branch

Dear Sir,

Subject : Regarding Locker No. _____ In the name of _____

With reference to the above locker (s), I/we the following legal heirs of the late Mr./Mrs. _____ (name of the deceased locker holder) have to advise that we have no objection for settling the claim for locker no. _____ by allowing access to Mr./Mrs. _____. Such settlement would be completely binding on us and we will not question the Bank's action in so doing, in any proceedings. I/we also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Sr.No	Name of Legal heirs	Age	Relation with the deceased giving the disclaimer
1			
2			
3			
4			
5			

(Signature of legal heirs disclaiming the locker contents)

Signed above "Letter of Disclaimer" before me _____ (name) son/daughter
of _____ residing at _____, on
the day of _____ at _____.

(Signature of witness)

NOC from legal heirs in case of continuation of the account by other surviving holder(s)

[TO BE STAMPED AS PER APPLICABLE STAMP DUTY FOR UNDERTAKING + IDEMNITY]

No-Objection Certificate

To,

The Branch Manager

Date :-

Utkarsh Small Finance Bank Limited

_____ Branch

Dear Sir/Ma'am

Subject: Regarding Account No./TD no _____ in the name of _____

Balance Rs. _____

With reference to the above account, I/we the following legal heirs of the late Shri/Smt. _____ (name of the deceased account holder) have to advise that we have no objection to Utkarsh Small Finance Bank Ltd for permitting the continued operation of the account in the name of the surviving account holders after removal of the name of Shri/Smt _____ from the list of account holders. I/We hereby confirm that at the time of his/her death the deceased left surviving him/her the following persons who, according to the law by which they are governed, are the only legal heirs of the deceased entitled to succeed to the estate of the deceased:

Sr. No	Name	Age	Relationship with the deceased
1			
2			
3			
4			

I/We understand that due to me/us permitting the continuation of the account and the account number it is possible that funds meant for the deceased may end up getting credited to the account. In this regard we undertake to not raise any dispute/claim/proceeding against Utkarsh Small Finance Bank Limited with respect to such funds.

I/we hereby confirm that we are making this solemn declaration sincerely and conscientiously believing the same to be true and with full knowledge that it is on the strength of this declaration that the Utkarsh Small Finance Bank Limited, _____ branch, has agreed to the request of the surviving account/locker holders, to permit the continued operation of the account in the name of the surviving account holder/s after removal of the name of the deceased from the list of account holders.

I/we understand that this no-objection certificate shall be completely binding on us and we will not question the Bank's action in permitting the continuation of the account in the name of the surviving holders, in any proceedings. I/we also undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Further, in consideration of Utkarsh Small Finance Bank Ltd permitting the continuation of the account on the basis of this no-objection provided by me/us, I/we hereby undertake to indemnify, defend and hold harmless Utkarsh

Small Finance Bank Limited, its Affiliates, their respective officers, directors, personnel, representatives and successors, at all times, from and against any and all direct, indirect, consequential liability / claims / loss (including but not limited to liabilities, judgments, damages, losses, claims, costs and expenses, including attorney's fees and expenses) or any other losses that may occur/ accrue to the Bank due to the Bank acting on the representations made by us in this letter submitted by us or any other instructions in relation to and / or arising out of this letter. The provision of indemnity as stated herein shall be effective during the operation of the account and shall survive the closure of the account.

Name of legal heirs

Signature

1. _____

2. _____

3. _____

Signature of Branch Head/BOM* as approving authority.

** In absence of BM, BOM can approve.

Application cum indemnity for continuing account holder

[TO BE STAMPED AS PER APPLICABLE STAMP DUTY FOR INDEMNITY.]

From

Date: _____

To,

The Branch Manager,

Utkarsh Small Finance Bank Limited,

_____ Branch

Dear Sir/Ma'am,

Application for continuation of Utkarsh Small Finance Bank Limited account _____ in the name of the surviving account holders.

I/We wish to inform Utkarsh Small Finance Bank Limited Bank of the demise of Shri/Smt. _____, one of the joint holders of the Account, on _____. I/We, the surviving holder/s of the Account, have submitted a request to Utkarsh Small Finance Bank Limited to delete the name of the Shri/Smt _____. I / We further request that I / We may be permitted to continue with the existing Account in my / our name/s.

In pursuance of this request, we hereby submit the following documents:

1. Death Certificate issued by _____

2. A no-objection certificate from all the legal heirs of Shri/Smt _____

I / We understand that certain standing instructions and / or debit mandates may have been set up in this Account which shall continue and I / we hereby give our consent with respect to the same.

In consideration of Utkarsh Small Finance Bank Limited permitting the continuation of the account based on this request letter, I/we hereby undertake to indemnify, defend and hold harmless Utkarsh Small Finance Bank Limited, its Affiliates, their respective officers, directors, personnel, representatives and successors, at all times, from and against any and all direct, indirect, consequential liability / claims / loss (including but not limited to liabilities, judgments, damages, losses, claims, costs and expenses, including attorney's fees and expenses) or any other losses that may occur/ accrue to the Bank due to the Bank acting on the representations made by me/us in this letter submitted by me/us or any other instructions in relation to and / or arising out of this letter. The provision of indemnity as stated herein shall be effective during the operation of the account and shall survive the closure of the account.

Yours faithfully,

Name & signature of claimants.

Declaration-cum-Indemnity for change of Karta in the Account/closure of account

(To duly stamped as per the Stamp Act applicable to the State where it is executed)

I/We do hereby solemnly affirm and sincerely state as follows:

I/We inform you that "Mr. _____" passed away on _____ and he was the Karta of the _____ (Name of the HUF) holding Account No. _____ with Utkarsh Small Finance Bank, _____ branch.

I/We inform you that the following are the only living coparceners/members of the _____

_____ (Name of the HUF) and that there are no other coparceners/members for the said HUF:

Sr. no	Name	Age (years)	DOB	Status (Member/ Coparcener)

I/We declare that (please tick as applicable)

We request you to close the captioned account and send balance amount of the applicable account balance(s) in the name _____ of _____ to _____ .I/We understand that the disbursal of the balance amount is subject to our submission of documents as required by the Bank.

[OR]

We wish to continue the captioned account after the death of Mr. _____. I /We further inform you that Mr. _____ is the senior most coparcener of the HUF/ is the new Karta of the said HUF and I /We authorize him and have no objection to his operating the said account, and to deal with all matters pertaining to the affairs of the "HUF". I/We further confirm and agree to be bound by all documents and terms and conditions applicable to the account and its operation as may have been signed at the time of account opening.

I/We have, therefore, approached you with a request to close the account as directed above;

Replace the name of the deceased Karta with the name of the new Karta Mr. _____
_____ for which I /We execute an indemnity as is herein contained and on relying on the information
herein given by us believing the same to be true.

In consideration thereof my/our request to close the account/replace the name of the Karta in the above-mentioned
account in the place of deceased Karta, I/We hereby agree and undertake to indemnify and keep indemnified, saved,
defended, harmless the Bank and its employees for all time hereafter against all losses, costs, claims, actions,
demands, risks, charges, expenses, damages, etc., whatsoever that the Bank and its employees may suffer and/or
incur in this regard.

I/We declare and undertake that this Declaration-cum-Indemnity shall be binding to all our successors, employees,
agents, executors and administrators.

IN WITNESS WHEREOF THE said Mr. _____ has here unto set their respective hands and seals
this _____ day of _____.

Signed and delivered by the said applicant.

(Name of the new Karta)

1. ____

Details of coparceners:

Name & address of coparceners	Signature
1.	
2.	
3.	
4.	

Details of witnesses:

Name & address of witness	Signature
1.	
2.	

Date: __

Place: _____