



Utkarsh Small Finance Bank

Annexure- 2C

**To be used for cases other than nomination in joint a/c with survivor clause –
up to Rs.25000**

From

To
The Branch Manager,
Utkarsh Small Finance Bank
_____ Branch

Dear Sir,

Re : **Deceased Account**
Late Shri/Smt _____
Account No (s) _____

I/We advise the demise of Shri/Smt _____ on _____. He/She holds 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 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 legal heirs are as under:

1. Names in full of the parents of the deceased:

Father: _____

Mother: _____

2. Religion of the deceased _____

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-Parceners with their respective ages.

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



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

(a) Whether Natural Guardian : _____

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

(c) In whose custody the Minor/s is/are _____

5. 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.

Place:

Yours faithfully,

Date:

Signature of Claimant(s)

Name of Claimant

Address

Signature