



**Application for Deceased Claim**  
**(To be used for cases other than nomination / joint account with survivor clause)**

From

\_\_\_\_\_  
\_\_\_\_\_

To

The Branch Manager,  
India Post Payments Bank, \_\_\_\_\_ Branch

Dear Sir,

Re: Deceased account of Late Shri/Smt/Kumari \_\_\_\_\_

Account No(s)

I/We wish to inform the demise of Shri/ Smt/  
Kumari \_\_\_\_\_ on \_\_\_\_\_. He /  
she holds the above account(s) at your Branch. The account is in the name(s) of:

\_\_\_\_\_

I/We hereby lodge my/our claim for the balances with accrued interest lying to the credit of the above mentioned account. I/We am/are the legal heir/s of the above named deceased person. . 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) Brother (vii) Sister (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Coparceners with their respective ages.

Sl. No.	Full Name/Address	Occupation	Relationship with the deceased	Age


4. Name/s of the Guardian/s of the minor Children of the depositor \_\_\_\_\_

(a) Whether Natural Guardian: \_\_\_\_\_

(b) Whether guardian appointed by 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 and address in full:

i) \_\_\_\_\_ ii) \_\_\_\_\_

iii) \_\_\_\_\_

I/We submit photocopies of the following documents.

1. Death Certificate issued by: \_\_\_\_\_

2. Letter of Indemnity

I/We request you to pay the balance amount with up to date interest lying to the credit of the above mentioned account to \_\_\_\_\_ on our behalf.

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

Yours faithfully,

Place:

Date: Signature of Claimant(s)



### **Letter of Authority**

(to be submitted by all the Legal Heirs jointly relinquishing their rights in favour of one legal heir)

Date: □□/□□/□□□□

From:

- 1.
- 2.
- 3.

To

The Manager

India Post Payments Bank Ltd.,

\_\_\_\_\_ Branch.

Dear Sir,

**Sub: Claim in the matter of Deposit Account of late Shri/Smt./Kumari \_\_\_\_\_**

I/We, the undersigned, who is/are legal heir(s) of the late \_\_\_\_\_ do hereby authorize Shri/Smt./Kumari \_\_\_\_\_ son/Daughter of \_\_\_\_\_ residing at \_\_\_\_\_ who is/are also one of the legal heirs of the said deceased, to receive the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only), being the amount payable to me/us in my/our capacity as legal heir/s of late \_\_\_\_\_ as detailed below:

Sr. .No.	Name & Account Number of Depositor	Amount of Deposit (Rs.)
1.		
2.		
3.		

The payment so made by the Bank shall be fully and completely binding on me/us and shall discharge the Bank from any claim whatsoever from me/us and my/our legal heirs, successors-in-title, assigns, administrators, executors or any other person claiming through me/us or in trust for me/us.

Yours faithfully,

- 1.
- 2.
- 3.

The executant(s) signed before me.

Signature:

Name and Address of Attesting authority



**Affidavit**

**(To be submitted on Non Judicial Stamp Paper by the legal heirs when the deceased depositor died intestate)**

We,

1. \_\_\_\_\_, Son/Wife/Daughter of Shri \_\_\_\_\_, aged \_\_\_\_\_ years, occupation \_\_\_\_\_, and resident of \_\_\_\_\_,
2. \_\_\_\_\_, Son/Wife/Daughter of \_\_\_\_\_, aged \_\_\_\_\_ years, occupation \_\_\_\_\_, and resident of \_\_\_\_\_,
3. \_\_\_\_\_, Son/Wife/Daughter of \_\_\_\_\_, aged \_\_\_\_\_ years, occupation \_\_\_\_\_, and resident of \_\_\_\_\_, do solemnly affirm and state as follows:

- Shri \_\_\_\_\_, Son/Wife/Daughter of \_\_\_\_\_ who was residing at \_\_\_\_\_ expired on \_\_\_\_\_ and we are his/her only legal heirs entitled to succeed to the estate of deceased.
- We also confirm and declare that to the best of our knowledge and belief the said late \_\_\_\_\_ died intestate, i.e. without executing any Will.

**DEPONENTS**

Solemnly affirmed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, and the deponents signed before me.

**NOTARY**



**Indemnity format from Legal Heirs (To be duly stamped as per the Stamp Act applicable to the State)**

**Letter of Indemnity with respect to Payment of Balance in the deceased constituent's account without production of legal representation**

To  
The Branch Manager  
The India Post Payments Bank  
Ltd., \_\_\_\_\_ Branch.

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

(name of the legal heirs/claimants)

the sum of Rupees \_\_\_\_\_ standing at the credit of Savings Bank/Current 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 or a Certificate from the Controller of Estate Duly to the effect that estate duly has been paid or will be paid or none is due 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 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. \_\_\_\_\_

(heirs /claimants of the deceased)

To be attested by Notary Public



**Declaration Form from all Legal Heirs**

(in case the deceased depositor has executed will)

I/ We, (1) \_\_\_\_\_, S/o. \_\_\_\_\_, aged \_\_\_\_\_ years,  
residing at \_\_\_\_\_

(2) \_\_\_\_\_, S/o. \_\_\_\_\_, aged \_\_\_\_\_ years, residing  
at \_\_\_\_\_

(3) \_\_\_\_\_, S/o. \_\_\_\_\_, aged \_\_\_\_\_ years, residing at  
\_\_\_\_\_ (legal heirs of late  
\_\_\_\_\_) do hereby declare and state as follows:-

- Shri/Smt. \_\_\_\_\_ who had executed a Will dated \_\_\_\_\_  
died on \_\_\_\_\_
- We hereby declare that as per the Will the said Shri/Smt. \_\_\_\_\_ has  
bequeathed his/her bank deposits in favour of Shri/Smt. \_\_\_\_\_
- We further confirm that the Will dated \_\_\_\_\_ is the last Will executed by the deceased  
and that no other Will or Codicil or any other documents has been executed by the deceased  
account holder/depositor in the matter of his assets in the form of Bank Deposits/accounts/assets  
lying with the Bank to his/her credit.
- We further declare that the above information is true and we know that we may be liable in  
damages to the Bank in case it turns out that the information given by us as stated above is  
incorrect or false or both.
- We are further aware that on account of the Bank relying or depending on the information  
furnished above, if the Bank is making any payment, we are liable to reimburse on demand all  
amounts so paid and also all costs, charges, expenses, claims etc., incurred by the Bank. The  
liability, if any, arising on account of our giving this letter shall also be binding on our legal heirs,  
executors, administrators and assigns.

(1)

(2)

(3)

**Signatures of Legal Heirs**

Place:

Date: