FORMAT
FORM FOR CLAIM OF BALANCE IN THE SAVINGS BANK ACCOUNT OF DECEASED DEPOSITOR

Application for closure of Savings/RD/CTD/TD/MIS/NSS Account by Nominee(s)/Legal heirs
To
The Sr. Postmaster/Postmaster/Sub Postmaster

............................... (Name of Post Office)

Subject: - Application for withdrawal / closure of account.

Sir,

I/We* ...........................................................................................................................................

........................................................................................................................................... the nominee(s)/legal heirs of late..............................................................the depositor of the

Savings/RD/CTD/TD/MIS/NSS Account No.............................................................standing at..........................Post Office wish to withdraw the entire amount standing to the credit

of the deceased in the said account including interest admissible as per rules.

Please find enclosed:-

(i) An ***original certificate to the death of the Depositor.

*(ii) An ***original Certificate in regard to the death of Shri/Shrimati........................................ and Shri/Shrimati........................................ also the

nominee(s) appointed by the Depositor.

**(iii) Succession Certificate/Letter of Administration/ Probate of will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.


@v) Letter of Indemnity.

@vi) Affidavit.

@vii) Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)/Legal heirs
Date:-
Place:-
Witness:-

(1)...........................................(Signature)......................................................... Name and address

(2)...........................................(Signature)......................................................... Name and address

FOR USE OF POST OFFICE
Witness Accepted.

Signature of Sr.PM/PM/SPM/BPM
With Designation Stamp

Withdrawal of Rs. ...........................................(Rs..........................................................) is sanctioned # which pertains to balance in the account of deceased inclusive of interest admissible as per rules.

#(If sanctioning authority is other than Sr.PM/PM/SPM then write" Vide Memo No.__________________ dated________________ issued by____________________")

Signature of Sr.PM/PM/SPM
With Designation Stamp
RECEIPT TO BE SIGNED BY THE CLAIMANT (S) AT THE TIME OF PAYMENT

Received cheque No...........................................dated.................................................................for a sum of
Rs....................................(Rupees........................................................................................................)
from
............................................. (name of Post office) as per details furnished above, in full settlement of
our claim or Please credit Rs(in word and
figures)........................................................................................................................................
.............................................in my Savings Account
No.............................................in full settlement of our claim.

Date:
Place:

Signature / Thumb impression of the claimant(s)
* Delete whichever is not applicable.
** Strike off if there is a valid nomination.
@ To be produced by legal heirs, in the absence of nomination(s) for claims upto prescribed
limit
of Rs. 1 lakh.
***If claimant(s) do(es) not have spare copy of original death certificate, he/they may submit
photo copy along with original certificate and the postal authority receiving claim will attest the
copy by comparing with original by writing “Compared with original and found correct”
under dated signatures with designation stamp.