

**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.
- (iv) Pass Book of the Depositor.
- @ (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.**

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ANNEXURE-I

(Letter of indemnity)

To

The Postmaster,

..... (Name of the Post office) In consideration of your payment or agreeing to pay me/ us.....[name(s) of legal heir(s)] the sum of Rs..... (Rupees.....) standing in the account No.....under.....(name of scheme) with your office in the name of .....without production of letters of administration or a succession certificate to the estate of the deceased.....(name of the depositor), I/We.....and we..... (sureties) 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 having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this.....day of.....in the presence of witnesses,

Signed and delivered by the above named heir/heirs of the deceased.

Signed and delivered by the above named sureties (Signature, names and address)

1.

2.

Signature, names and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC

**ANNEXURE-II**

**(Affidavit)**

**To  
The Postmaster,**

.....(Name of the Post office)

**I / We**.....**Husband**  
**of** / **wife** **of**  
**late**.....**aged**.....**aged**.....**aged**.....  
**.....sons/daughters of the said**  
**late**.....**resident** **of**  
.....**do hereby declare and solemnly affirm as under :-**

**(1) That I / we am/are the only heir(s) of the deceased.....who died at..... on..... I / We alone represent the estate of Shri/Smt.....**

**(2) That the deceased.....did not leave any Will and therefore I / We are the only successor(s) to the estate of the said deceased.**

- 1.
- 2.
- 3.

**DEPONENTS**

**Verification: I / We, the above-named deponents do hereby verify on solemn affirmation in..... (name of place) that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.**

**Dated.....**

- 1.
- 2.
- 3.

**DEPONENTS**

**ATTESTED**

**OATH COMMISSIONER or NOTARY PUBLIC**

ANNEXURE-III

(Letter of disclaimer on Affidavit)

To  
The Postmaster,

.....(Name of the Post office) I / We (i)  
.....Husband of / wife of .....Resident  
of..... (ii) .....son/daughter of  
..... (iii)  
.....son/daughter of .....  
do hereby declare and solemnly affirm as follows :-

(1) That Shri/Smt.....died intestate on leaving behind us.....his/her only heirs.

(2) That we.....heirs of our late father/mother for ourselves and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the balance of Rs.....in Account No.....of.....(name of scheme) standing at.....(name of post office) in the name of the estate of the said..... deceased and we have no objection whatsoever in the balance in the above-referred account together with interest, if any, accrued thereon being paid by the Post office to Mrs./Mr.....

- 1.
- 2.
- 3.

DEPONENTS

VERIFICATION: I / We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated.....

- 1.
- 2.
- 3.

DEPONENTS

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated.....  
Oath Commissioner or Notary Public