

Application for deceased claim above Threshold Limit

Form No. CD-16

Address: _____

Date: _____

Central Bank of India

Dear Sirs,

Sub: Full Name of the Deceased _____

I/We regret to inform you that _____

(Shri/Smt/Kum)

who was having an account/locker with your _____ Branch

died _____ intestate _____

leaving his last will and testament dated _____ whereof

we _____ are the executors, at _____

(Name of the executor)

(Place of death)

on _____ leaving behind the withinmentioned persons as the

only surviving legal heirs according to the Law of Intestate succession applicable

to _____ by

(Hindu/Muslim/Parsi etc.)

which Law he/she was governed at the time of his/her death.

I/We beg to give herebelow the information required by you and shall thank you to pay the balance amount/ handover articles, in the Safe Custody Account / contents of the locker to _____

(Name of signatory who to pay/hand over)

on my/our behalf, without insisting on production of legal representation to the estate of the deceased.

1. Full Title of the Account :
2. Nature of the Account viz
Current, Home savings,
Fixed Deposit, MMDC etc.
Safe Custody, Locker with
Numbers :
3. Due date of Deposit :
4. Amount claimed :
- 5.a. Document in proof of deposit/
safe custody/locker, Locker Key
(Pass Book, Deposit Receipt etc.) : _____
- b. Whether document/locker key
is in the possession of the
claimant ? If not, why not ?
Where is it ? : _____
- 6.a. Has the deceased left any will ? :
- b. Has any probate / Letter of
Administration or Succession
Certificate to the estate of the
Deceased been obtained? :
- c. Executors / Administrators/
Successors of/to the estate
of the deceased :

	NAME	OCCUPATION
i)	_____	_____
ii)	_____	_____
iii)	_____	_____
iv)	_____	_____

Address _____

7. Documents enclosed for registration and return:
 (Please furnish Original along with Xerox copy for Bank's record)

i) Municipal Death Certificate :

ii) Legal Representation to the
 estate of the deceased
 (see 6 (b) above) :

iii) _____

iv) _____

8. Religion and Caste of Depositor : _____

9. Permanent residence of
 Depositor / Locker holder : _____

10. Date & Place of Death : _____

11. Details of Surviving Heirs Husband / Wife / Children / Parents / Brothers / Sisters.
 If Hindu Joint Family, the names and address of the Karta and Co-parceners with their
 respective ages.

	<u>Full Name / Address</u>	<u>Relationship with deceased</u>	<u>Age</u>
a.			
b.			
c.			
d.			
e.			
f.			
g.			
12.	Name or Names of the Guardian of the minor children of the depositor	:	_____

a)	Whether Natural Guardian	:	
b)	Whether Guardian appointed under the Guardians and Ward Act. If so, attach a certified Copy or duly attested copy of such order	:	
c)	In whose custody the Minor/ Minors, is/are ?	:	_____
13.	Is the amount/articles in Safe Custody Account / contents of Locker claimed the self-acquired Or ancestral property of the Deceased	:	_____

14. Claimant's own name, parentage
Caste and address in full :
a.
b.
c.
15. Proof of claimant's title of the
Monies / articles contents : _____
16. Relationship of claimant(s) to
the deceased depositor : _____
17. Are there any other Claimants?
If so, their names, particulars
and nature of claim : _____
18. The following two persons have
agreed to sign the Indemnity
Bond as Sureties jointly with
all the surviving legal heirs
of the Deceased. :
- i) Name :
Address:
Occupation :
Banker's Name:
- ii) Name :
Address :
Occupation :
Banker's Name :

I/we hereby solemnly affirm that the above statements are true, that none of them nor any part of any of them is false and that nothing has been cancelled therein and that I am/we are the only executors and beneficiaries competent to contract/heir(s) and legal representative(s) of the deceased and there is no other claimant to the amount(s)/articles and the Safe Custody Account/Contents of Locker mentioned hereinabove.

Yours faithfully,

Signature of Claimant(s)

- Encl: 1. Pass Book
2. Death Certificate
3. Unused Cheques
4. Deposit Receipt
5. Key of the locker