# Settlement of Claims in respect of Deceased Depositors Check-list of Documents

Claims	Document obtained : Yes/No
1. Accounts with Nomination clause:	
(i) Application for Deceased Claim from Nominee/ Guardian of nominee	(Annexure-3)
(ii) Copy of Death Certificate (Verified with original)	
(iii) Identify proof (as defined in Part- V)	
2. Joint Accounts with Either or Survivor c     (i) Application for Deceased Claim from Survivor(s)	(Annexure-3)
(ii) Copy of Death Certificate (Verified with	age I to was an antibut
original)	
3. For cases other than Nomination/Joint Accounts with survivor clause:	
(For amounts up to threshold limit, i.e. up	to Rs. 1 lakh.) (Annexure –4)
(ii) Copy of Death Certificate	,
(iii) Identity Proof of the Claimant, Legal heirs & Sureties	
(iv) Letter of Indemnity signed by claimant(s) & all legal heirs	(Annexure –7)

4. For cases other than Nomination/Joint Accounts with survivor clause: (For amounts above Rs.1 lac to 25 lacs) **Application for Deceased Claim** (i) (Annexure -4) (ii) Copy of Death Certificate (iii) Identity Proof of the Claimant, Legal heirs & Sureties (iv) Consent letter (Annexure 5) (v) Affidavit from claimant (Annexure 6) (Annexure –7) (vi) Letter of Indemnity signed by claimant(s) & all legal heirs & two sureties (Annexure -8) Receipt (vii) 5. For claim cases above Rs. 25 lakhs (i) Certified true copy of Legal Representation (ii) Identity proof of holder of Legal Representation

# Application for Deceased claim Annexure - 4

(To be u	sed when account has nomination or is a joint account with survivor
clause)	
From	
+	
То	
The Brai	nch Manager,
Bank of	Maharashtra,
	Branch
Dear Sir	,
	Re: Deceased Account
	Late S hri/S mt
I/We a	Account No(s)dvise the demise of Shri/Smt.
	. He/She holds the above account(s) at your branch. The
account	is in the name(s) of:
A. In ca	se of Nomination
I,	son/daug hter of S hri
	residing at
	am
/1\	
(i)	the registered nominee in the above account(s).
(ii)	the person authorized to receive payment on behalf of Master / Miss
	and is a minor as on the date of this claim.
	and is a million as on the date of this stairn.

Please settle the balance in the account in the name of the nominee. I/we receive the payment as trustee(s) of the legal heirs of the deceased.

#### B. In the case of joint account

I/We Request you to delete the name of deceased person and continue the account /deposit in my /our name(s) with same mode of operations or to pay the balance amount /amount of deposits to me/us.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by Identity proof (required in nomination cases)

Place:	Yours faithfully,
Date:	
in .	(Claimant(s))

# Application for Deceased claim Annexure - 4

# (To be used for cases other than Nomination / joint account with survivor clause) BANK OF MAHARASHTRA

The Branch Manag	ger anch	Name of the A	Applicant/s:	
·		Address:		
		Phone No.		
		Date:		
Dear Sir,		· ·		- 2
Ref: Deceased Sh	ri / Smt			
Date of Death				7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			of securities	/ articles deposited by
the above na	med deceas	sed with the Bank.		
1. I/ we the ur	ndersigned,	am/are related to	the above n	amed deceased account
				nd entitled to receive
				ed and securities etc. held
		the deceased, as		
Particulars of the	accounts of	f the deceased:		
a) Current a/c	Branch	Bal. as on dt.	Balance	Latest status of nomination
b) Saving Bank	Branch	Bal. as on dt.	Balance	Latest status of
a/c no.	Branon	Dail, do on di		nomination
a\Othan duan	Dunnah	Dal so on dt	Balance	Latest status of
c)Other dues (please specify)	Branch	Bal. as on dt.	Dalance	nomination
d) Safe Deposit	: Locker No:	m, gramana	_ Mode of h	nolding

Estimated value of Contents Rs.	

e) Fixed Deposit: RD / Term Deposit

Sr.	Receipt	Date of	Amount	Due	Instruction	Latest status
No.	No.	Deposit		date	about payment	of nomination
					either or	
					survivor etc.	
1		-				
2.						
3.						
4.						
5.						
		Total Rs.				

Whether any kind of loan availed by deceased applicant : Yes / No If Yes, give details

I/We hereby apply for payment of amounts dues to and delivery of securities/articles held by the bank on behalf of the deceased account holder as detailed above. I/We am /are agreeable to (1) comply with the Bank's rules in this behalf from time to time, (2) to prove my/our title in the manner required by the Bank and (3) to offer such security / indemnity to the Bank as may be required by them and to keep the Bank safe and indemnified in respect of delivery to such dues, securities / articles, etc.

2	Personal	information	in respect	of deceased	account holder:

- a) Name of the deceased
- b) Age
- c) Married / Unmarried/Widower
- d) Date of DeathPlace of deathTaluka

Dist

- e) Usual place of residence immediately prior to death

  Copy of death certificate issued by \_\_\_\_\_\_\_is enclosed
- f) Personal law by which the deceased was governed

- An extract from Death Register issued by the local authority should accompany this application.
- 3) Information regarding persons (including applicant) entitled to succeed to the estate of deceased according to the personal law by which the deceased was governed.

Sr.	Name	Age	Address	Relationship with the
No.				deceased

#### 4) I/We herby declare

- That the deceased has not made any will nor any other deposition in regard to the property to which this claim related / the deceased had made a will on bequeathing the said property to the claimant / has appointed the claimant as executor.
- That neither I nor any other person has applied for probate, letters of administration or succession certificate in regard to the assets left by the deceased.
- That to the best of my knowledge and information the assets left by the deceased is / are not liable for estate duty and I / We have obtained / undertake to obtain requisite certificate from the concerned authorities. I further assure the Bank and declare that in case and estate duty is levied on the assets left by the deceased. I shall be solely responsible for payment of the same.

In case the Bank agrees to pay the dues / deliver the securities, articles, etc. as aforesaid to me without insisting on representation from a competent court we all legal heirs as above agree to execute an indemnity bond signed by us and sureties to be approved by the bank, in that event the names of sureties given below may be considered by the Bank.

This is the state of affairs and the same is true to the best of my belief and information. You are requested to do the needful as per your rules.

Yours faithfully, (Signature of the applicant)

## Information about two sureties proposed (only in claims above Rs. 1 lakhs.)

1) Full Name:	
2) Permanent Address	
3) Occupation	
4) a)Annual Income from business	
b) Whether Income Tax Payer Yes/No	PAN/GNR No
5) If in Service	
a) Name of employer	
b) Post held	
c) Salary per month Rs.	
6) Possessing a house	
a) House No. & address	
b) Monthly rent, if any, Rs	Light on close.
c) Present market value Rs	
7) Other assets held if any value Rs	
1) Full Name:	
2) Permanent Address	
3) Occupation	
4) a)Annual Income from business	
b)Whether Income Tax Payer Yes/No	PAN/GNR No.
5) If in Service	A STATE OF THE STA
a) Name of employer	
b) Post held	
c) Salary per month Rs.	) - ( - ( - ( - ( - ( - ( - ( - ( - ( -
6) Possessing a house	
a) House No. & address	
b) Monthly rent, if any, Rs.	
c) Present market value Rs	
7) Other assets held if any value Rs.	

## Annexure . 5

Draft of consent letter		
I/We ( 1) Shri/Smt		
Age about years, residin		
(2) Shri/Smt		
Age about years, residir	ng at	
Do hereby state that my/our		
diedon at		
Leaving behind him the following heirs ac	cording to the lav	w by which he was governed.
Sr. No. Name	Age	Relationship with the
		Deceased
1		
2		
3		
4		
He has died intestate and as per our known	owledge and afte	er search of his records we do
not find any will left behind by him. So entitled to inherit his estate		at we are the only legal heirs
Sh ri/Smt		
one of the heirs / legatees of the decease		
standing in the accounts of S hri		
with Bank of Maharashtra	*******	Branch and I / We
the above named heirs hereby accord ou	ir consent to the	payment of the said moneys /
securities to S hri	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Signature(s)

To be attested by Gazetted Officer or Executive Magistrate/Notary

#### Affidavit from claimant

( To be stamped as per Stamp Act and to be executed before Executive Magistrate or Notary )

Magistrate or No	otary)		
I/We			the state of the s
age about	years, residing at		
and Shri/Smt			age about
years, res	siding at		do on solemn
affirmation state	that my/our		expired on
V	at		
He has left behind	I him following heirs inclu	uding me /us acc	cording to the law of
succession by wh	nich he was governed.		
	Name	Age	Relation
1.			
2.			
3.			
4.			
	August 100 mg		
	inor Hindu heirs	ah awar mi	real parties that the year terms
_	other/father I am natura		
	er heirs than those me perty other than the one		The deceased has left/has not Bank of Maharashtra.
	left behind by him. S		after search of his records we do
No body has clai	med any legal represe	ntation from an	ny court regarding the estate of
the deceased nor	has applied for or is re	quired to apply	for the same.
Savings Bank Ac	count No.		
FDR No.	Dated	Due	e Date
Recurring Deposit	Account No.	Safe Depos	sit Locker No.

Maharashtra and the present balance is /are Rs.

As the heirs / sole heir, I am / we are claiming the balance amount in the said account/articles in SDV Locker in the name of the deceased and all other heirs mentioned above have no objection for the same.

This affidavit is made at \_\_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_\_ 20

Identification Signature

The contents of this affidavit are explained to the Affiant in the language known to him by me.

\*Note: Strike out whatever is not applicable.

Indemnity format

То

(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 <u>LEGAL</u> REPRESENTATION

the Branch i	vianager,
Bank of Mah	arashtra,
NESCONO.	Branch.
IN CONSIDERA	TION of your paying or agreeing to pay me/us,
Insert here the Name(s)of all Legal heirs	1) 2) 3) 4)
The sum of Rup	peesstanding at the credit
	/Current/R.D. Account No. etcwith your bank in the name
since deceased	d, without production of Letters of Administration or a Succession
Certificate/or Pro	obate to his/her estate or a Certificate from the Controller of Estate Duly
to the effect that	estate duty has been paid or will be paid or none is due I/we do hereby
	selves and my/our heirs, legal representatives executors and ointly and severally UNDERTAKE AND AGREE to indemnify you and
your successo	rs and assign against all claims, demands, proceedings, losses
damages, charg	ges and expenses which may be raised against or incurred by you by
reasons or in co	nsequence of your having agreed to pay/or paying me/us the said sum
as aforesaid.	

SIGNED AND DELIVERED

Day of	d on this		
		- 51	two thousand
			_
SIGNED AND DELIV the above named	FRFD hv		
the above named			
	2		
			6
* In consideration (	of aforesaid I/We	the unders	signed sureties do hereby jointly an
			and your successors and assigns, a
			nages, charges and expenses which
			sons or in consequence of your havir
			as aforesaid to the aforesai
executants/payee/in			
			e right to claim the amount from us a
			ne amount from the aforesai
			lity of each one of us as the suretie
shall be that of princ	ipal debtors to the	bank.	
SIGNED AND DELI\	/ERED		
By the above named	l on this		<del>_</del>
Day of			two thousand
			-
SIGNED AND DELIV	•		
	•		
SIGNED AND DELIV	reties2		

## RECEIPT

Received with thanks fr	branch, a sum		
of Rs.	of Rs. (Rupees		only) by
Banker"s Cheque No.	•	dated	in favour of
÷			in full and final
settlement of my/our cla	aim as successor on th	e balance in	Account(s)
No(s),	standing in the nar	ne of the deceas	ed Shri/Smt/Kum.
	, I/We	do not have any o	other claim from the
Bank henceforth.			
Place:			
Date:			to the first of
			Warran Ingariana ya
		(Ciamatura a	fall the legal being
			of all the legal heirs @
		Over a r	evenue stamp)
DECLARATION in case	e funds are settled in	favour of a Minor	
			Et at Long Long
l , fa			
the proceeds of your Ba			
issued by you in settleme			of Late
will be utilized t	for the benefit of the mi	nor only.	

#### Annexure - 9

#### Application for claim for Missing depositor

(To be used when account has nomination or is a joint account with survivor clause) From To The Branch Manager, Bank of Maharashtra, Branch Dear Sir, Re: Shri/Smt..... Missing Account No(s)..... I/We advise that Shri/Smt. \_\_\_\_\_ is missing since \_\_\_\_ and not heard of for more than years by those who would naturally have heard of him/her if he had been alive. I/We are the Nominee / joint holder to the deposits of the said missing person. I/We have filed FIR with the Police bearing no. On ---I/We have made all efforts to trace the said person however unfortunately he/she could not be found. The Police have also closed the case as not traceable and have issued report to that effect. We enclose the copy of FIR and the report of the Police. I/We therefore claim that he/she is not alive. He/She holds the above account(s) at your branch. The account(s) is/are in the name

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named missing person. I / we am / are the nominee/joint holder of the above named missing person and lodge my/our claim for payment as per the bank"s rules and discretion. The relevant information about the missing person and the nomination joint holders are as under.

of:

C. In case of Nomination
I,son/daug hter of S hri
residing at
am
(iii) the registered nominee in the above account(s).
(iv) the person authorized to receive payment on behalf of Master / Miss
who is the nominee in the above account(s)
and is a minor as on the date of this claim.
I/We submit the following documents.
1) FIR filed to Police
2) Not traceable report issued by police authorities.
3) Letter of indemnity signed by all claimants
4) Identity proof of nominee
Please settle the balance in the account in the name of the nominee. I/we receive the
payment as trustee(s) of the nominee/joint holder of the Missing person.
D. In the case of joint account
I/We Request you to delete the name of Missing person and continue the account in my
/our name(s) with same mode of operations.
I/We submit photocopy of the following document(s)
1) FIR filed to Police
Not traceable report issued by police authorities.
3) Letter of indemnity signed by all claimants
Place: Yours faithfully,
Date:
(Claimant(s))

#### Annexure - 10

### Application for claim for Missing depositor

(To be used for cases other than Nomination / joint account with survivor clause) From To The Branch Manager, Bank of Maharashtra. Branch Dear Sir, Re: Shri/Smt..... Missing Account No(s)..... is missing since \_\_\_\_ and not I/We advise that Shri/Smt. heard of for more than \_\_\_\_\_ years by those who would naturally have heard of him/her if he had been alive. I/We are the legal heirs of the said missing person. I/We have filed FIR with the Police bearing no On . I/we have made all efforts to trace the said person however unfortunately he/she could not be found. The Police have also closed the case as not traceable and have issued report to that effect.

He/She holds the above account(s) at your branch. The account(s) is/are in the name of:

he/she is not alive.

We enclose the copy of FIR and the report of the Police. I/We therefore claim that

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named missing person who has not left any will. I / we am / are the legal heirs of the above named missing person and lodge my/our claim for payment as per the bank"s rules and discretion. The relevant information about the missing person and the legal heirs are as under.

1 Names in full of the parents of the Mi F a t h e r : Mother:	issing person
2 Religion of the Missing person:	
3 Details of living (i) Husband (ii) Wife	(iii) Children (iv) Father (v) Mother (vi) Brothers
(vii) Sisters (viii) Grand Children. If Hind Karta and Co-parceners with their respe	du Joint Family, the name and address of the ective ages.
Full Name/Address Occupation	Relationship with Age
(i)	
(ii)	
(iii)	
(iv)	
(V)	
(vi)	
4. Name or Names of the :	
Guardian/s of the minor	
Children of the Depositor	
(a) Whether Natural : 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/Minors is / are?	
5. Claimant/s name/s : and address in full	
(I)	
(v)	
(vi)	

I/We submit the following documents.

- 1) FIR filed to Police
- 2) Non traceable report issued by police authorities.
- 3) Letter of indemnity signed by all claimants
- 4) Identity proof of Legal heirs & sureties
- 5) Affidavit

We request you to pay the bal	ance amount lying to the	credit of the	above	named
missing person to	on my/c	our behalf.		

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

Place:

Yours faithfully,

**Indemnity format** 

То

(To be duly stamped as per the Stamp Act applicable to the State)

LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF BALANCE IN THE MISSING CONSTITUENT'S ACCOUNT WITHOUT PRODUCTION OF LEGAL REPRESENTATION

The Branch Mana Bank of Maharas	ager, htra,	
IN CONSIDERAT	FION of your paying or agreeing to p	pay me/us,
Insert here the Name(s) Claimants	1) 2) 3) 4)	
The sum of Rupe	es	standing at the credit
of Savings Bank/0	Current/R.D. Account No. etc	with your bank in the name
of Shri/Smt./Kum.		
since Missing & I	not traceable and presumed to be	dead , without production of Court
Order declaring	him dead & without production	of Letters of Administration or a
Succession Cert	ificate to his/her estate or a Certif	icate 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 myse	lf/ourselves and my/our heirs, le	gal representatives executors and
administrators, jo	intly and severally UNDERTAKE /	AND AGREE to indemnify you and
your successors	and assign against all claims,	demands, proceedings, losses,
damages, charge	s and expenses which may be ra	ised against or incurred by you by
reasons or in con	sequence of your having agreed to	pay/or paying me/us the said sum
as aforesaid.		

## SIGNED AND DELIVERED

	the	above	named	on this two thousand	Day of
SIGN	IED AND	DELIVERE	ED by		
the a	bove nan	ned			
1.2.			3,		
4.5.			-	6	
(he	eirs /claim	nants of the	e Missing de	epositor)	
,			_	Ve the undersigned sureties d	lo hereby jointly and
seve	rally gua	rantee and	l undertake	to pay to you and your succes	ssors and assigns, a
the o	laims, d	emands, p	proceedings	s, losses, damages, charges a	and expenses whicl
may	be raised	d against o	r incurred b	y you by reasons or in conseq	uence of your having
					to the efences?
agre	ed to	pay/or p	aying the	said sum as aforesaid	to the aloresaid
				e said sum as aforesaid er the aforesaid indemnity.	to the aloresaid
exec	utants/pa	ayee/indem	nifiers unde		
exec We a	utants/pa igree and	ayee/indem d confirm th	inifiers unde	er the aforesaid indemnity.	ne amount from us a
exec We a	utants/pa ngree and eties be	ayee/indem d confirm the efore all	nifiers unden nat the bank without	er the aforesaid indemnity.  shall have the right to claim th	ne amount from us a om the aforesaid
exec We a sure exec	utants/pa ngree and rties be utants/pa	ayee/indem d confirm the efore all ayee/inden	nifiers unden nat the bank without	er the aforesaid indemnity.  It shall have the right to claim the claiming the amount from that the liability of each one of	ne amount from us a om the aforesaid
exec We a sure exec shall	utants/pa agree and ties be utants/pa be that c	ayee/indem d confirm the efore all ayee/inden of principal	nifiers unden nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  It shall have the right to claim the claiming the amount from that the liability of each one of	ne amount from us a om the aforesaid
exec We a sure exec shall	utants/pa agree and ties be utants/pa be that o	ayee/indem d confirm the efore all ayee/inden	nat the bank without natifiers and debtors to t	er the aforesaid indemnity.  It shall have the right to claim the claiming the amount from that the liability of each one of	ne amount from us a om the aforesaid
exec We a sure exec shall	utants/pa agree and eties be utants/pa be that o	ayee/indem d confirm the efore all ayee/inden of principal	nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  It shall have the right to claim the claiming the amount from that the liability of each one of	ne amount from us a om the aforesaid
exec We a sure exec shall SIGN	utants/pa agree and ties be utants/pa be that of IED AND e above	ayee/indemed confirm the fore all ayee/indened of principal of DELIVER	nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie
exec We a sure exec shall SIGN	utants/pa agree and ties be utants/pa be that of IED AND e above	ayee/indemed confirm the fore all ayee/indened of principal of DELIVER	nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie
exec We a sure exec shall SIGN	utants/pa agree and ties be utants/pa be that of IED AND e above	ayee/indemed confirm the fore all ayee/indened of principal of DELIVER	nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie
exective as une exective shall SIGN By the Day	utants/pa agree and ties be utants/pa be that of IED AND e above of	ayee/indemed confirm the fore all ayee/indended principal DELIVER	nat the bank without nnifiers and debtors to t	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the that the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie
exective as une exective shall SIGN By the Day SIGN the air	utants/pa agree and ties be utants/pa be that of IED AND e above of	ayee/indemed confirm the fore all ayee/indemed principal DELIVER	anifiers under the bank without maifiers and debtors to the bank this	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the that the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie
exective as une exection shall SIGN By the Day SIGN the all 1.	agree and atties be utants/parties be that of the above of the above power name.	ayee/indemed confirm the fore all ayee/indended principal DELIVER	anifiers under the bank without maifiers and debtors to the bank that th	er the aforesaid indemnity.  A shall have the right to claim the claiming the amount from the that the liability of each one of the bank.	ne amount from us a om the aforesaid of us as the suretie

#### DBOD.No.Leg.BC.38/C.233A-85

#### Notification

In exercise of the powers conferred on the Reserve Bank of India by sub-section (3) of section 45ZC and sub-section (4) of section 45ZE of the Banking Regulation Act, 1949, respectively, the Reserve Bank of India hereby directs that the inventory to be prepared before returning articles left in safe custody and the inventory to be prepared before permitting removal of the contents of a safety locker, shall respectively be in the appropriate Forms as given below.

A. GHOSH Deputy Governor

Annexure 12

# Form of Inventory of Contents of Safe Deposit Locker Hired from Bank of Maharashtra

(Section 45ZE (4) of the Banking Regulation Act, 1949)

The following inventory of contents of Safe	Deposit Locker Nolocated
in the Safe Deposit Vault of	Branch at
* hired by Shri/Smt	deceased in his/her sole
name.	
* hired by Shri/Smt. (i)	(deceased)
(ii)	Jointly
(iii)	
was taken on thisday o	of20

Sr. No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any
	T	

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving hirers

~~ who produced the key to the locker.

~~ by breaking open the locker under his/her/their instructions.

The above inventory was taken in the presence of:

1. Shri/Smt.	(Nominee)
Address	(Signature)
or	
1. Shri/Smt	(Nominee)
Address	(Signature)
and	
Shri/Smt.	
Address	(Signature)
Shri/Smt.	
Address	Survivors of joint hirers

(Signature)

* I, Shri/Smt.		(Nominee)	
* We, Shri Smt.			
an			
survivors of the joint hirers, hereb	y acknowledge the re	eceipt of the co	ntents of the
safety locker comprised in and se	t out in the above inve	entory together	with a copy o
the said inventory.			
Shri/Smt.	(Nomi nee)Shri/Smt		(Survivor)
Signature	Signature		
Date & Place			
Shri/Smt.	(Survivor)		
Signature			
Date & Place			
(* Delete whichever is not applica	able)		
2. Witness(es) with name, address	ss and signature:		

### Annexure 13

# Form of Inventory of articles left in safe custody with banking company

# (Section 45ZC (3) of the Banking Regulation Act, 1949)

The follow	ing inventory of articles	left in safe custody	with	branch, by
was	s taken on this,	day of	20	
Sr.	Description of Article	s in Safe Custody	Other Identifying P	articulars, if
No.			any	
The above	inventory was taken in			
-	(Non	ninee) Shri/Smt		
	(Арро	ointed on behalf of	minor Nominee)	
Address _	6	OR Address_		
Signature	9	Signature		
	•			
	ninee) hereby acknowl			nd set out in
the above	inventory together with	n a copy of the said	I inventory.	
Shri/Smt.		(Nominee)		
Signature				
Date & Plac Shri/Smt.	ce			
(Appointed	d on behalf of minor No	ominee)		
Signature				
Date & Pla	ace			

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