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FORM DA 1

Nomination under Section 45 'ZA' of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We (Names and addresses)
 nominate the following
 person to whom in the event of my our/minor's death the amount of the deposit, particulars where of are given
 below, may be returned by The South Indian Bank Ltd.Br.

Details of Deposit			Nominee				
Nature of deposit	Dist.No	Addl. details, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, date of birth and age.

2. + As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum
(name, address and age)
 to receive the amount of the
 deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place :

* Signature(s) / Thumb impression(s) of depositor(s)

Date :

Name(s), signature(s) and address(es) of
 witness(es) @

Note:

+ Strike out if the nominee if the nominee is not a minor.

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@If the party is affixing thumb impression, it should be attested by two witnesses and Manager/Asst. Manager.

NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON.

FORM DA 2

Cancellation of nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of the Bank Deposits.

I/We (Name(s) and Address(es))
..... hereby cancel the nomination made by me / us in favour of ...
..... (Name and Address).
.....
.....
..... in respect of
.....
.....(Give details of deposit)

Place : * Signature(s) / Thumb impression(s) of
Date : depositor(s)

Name(s), signature(s) and
address(es) of witness(es) @

*Where the deposit is in the name of a minor, the cancellation of the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@Thumb impression(s) shall be attested by two witnesses.

FORM DA 3

Variation of nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of the Bank Deposits.

I/We (Name(s) and Address(es)
 cancel the nomination made by me / us in favour of (Name and Address).....

 .. and hereby nominate the following person to whom in the event of my / our / minor's death, the amount of the deposit mentioned above may be returned by The South Indian Bank Ltd. , Branch.....

Details of Deposit			Nominee				
Nature of deposit	Dist.No	Addl. details, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, date of birth and age.

** As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum
(name, address and age)
 to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Place :

Date : * Signature(s) / Thumb impression(s) of depositor(s)
 Name(s), signature(s) and address(es) of
 witness(es) @

*Where the deposit is in the name of a minor, the variation of the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not a minor.

@ Thumb impression(s) shall be attested by two witnesses.

\$ Strike out the relevant portion if variation is not needed.

FORM SC I

Nomination under Section 45ZC of the Banking Regulation Act, 1949 and Rule 3(1) of the Banking Companies (Nomination) Rules, 1985 in respect of articles left in safe custody with banking company

I,.....(name and address)
nominate the following person to whom, in the event of my / minor's death the articles left in safe custody, particulars whereof are given below, may be returned by The South Indian Bank Ltd. Br.

Articles			Nominee				
Nature of Article	Distinguishing Mark or No	Additional details ,if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, date of birth.

** 2. As the nominee is a minor on this date, I appoint Shri / Smt / Kum
 (name, address and age)
to receive the said articles on behalf of the nominee, in the event, of my/minor's death during the minority of the nominee.

Place :

Date :

*Signature / Thump impression of depositor

Name (s), Signature(s) and address(es) of witness(es) @

*Where articles are left in safe custody in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not a minor.

@ Thump impression shall be attested by two witnesses.

FORM SC 2

Cancellation of Nomination under Section 45 ZC of the Banking Regulation Act, 1949 and Rule 3(4) of the Banking Companies (Nomination) Rules, 1985 in respect of articles left in safe custody with banking company

I,
.....
..... (name and address)
hereby cancel the nomination made by me in favour of (name and address)
.....
..... in respect of (give details of articles)
.....
..... left by me in safe custody with The South Indian Bank
Ltd. Br. (name and address of branch office / in
which articles are left in safe custody).

Place:

Date : *Signature / Thumb impression of
depositor

Name/s ,Signature/s and address/es of
witness/es @

* Where articles are left in safe custody in the name of a minor, the cancellation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Thumb impression shall be attested by two witnesses.

FORM SC 3

Variation of Nomination under Section 45 ZC of the Banking Regulation Act 1949 and Rule 3(5) of the Banking Companies (Nomination) Rules, 1985 in respect of articles left in safe custody with Banking company.

I, (name and address)

 cancel the nomination made by me in favour of (name and address)

 and hereby nominate the following person to whom in the event of my / minor's death, the articles left in safe custody, particulars where of are given below may be returned by The South Indian Bank Ltd ,Br.

Articles			Nominee				
Nature of Article	Distinguishing Mark orNo	Additional details ,if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, date of birth.

** 2. As the nominee is a minor on this date, I appoint Shri / Smt / Kum (name, address and age)
 to receive the said articles on behalf of the nominee, in the event of my / minor's death during the minority of the nominee.

Place :

*Signature / Thumb impression of depositor.

Date :

Name (s), Signature(s) and address(es) of witness (es). @

*Where articles are left in safe custody in the name of a minor, the variation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Strike out if nominee is not a minor.

@ Thump impression shall be attested by two witnesses.

FORM SL 1

Nomination under Section 45 ZE of the Banking Regulation Act and Rule 4(1) of the Banking Companies (Nomination) Rules, 1985, by sole hirer in respect of safety locker.

I, (name and address)

 nominate the following person to whom in the event of my/minor's death, The South Indian Bank Limited, Br. may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:

Locker			Nominee			
Nature of	Distiguishing mark or No.	Additional details, if any	Name	Address	Relationship with hirer,if any	Age

Place :

Date:

Name /s,signature/s and address/es of witness/es @

*Signature / Thump impression of hirer

* Where the locker is hired solely in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Thump impression shall be attested by two witnesses.

Form SL 1A

Nomination under sections 45ZE of the Banking Regulation Act, 1949 and Rule 4(2) of the Banking Companies (Nomination) Rules, 1985 by joint hirer in respect of safety locker

We, _____ [names and addresses]

nominate the following person(s) to whom in the event of the death of one or more of us _____ [name & address

of branch/office in which the locker is situated]

may give access to locker and liberty to remove contents of the locker, particulars whereof are given below, jointly with survivors of us

Locker			Nominee[s]			
Nature of	Distinguishing mark or number	additional details, if any	Name	Address	Relationship with hirers, if any	Age

Place:

Date :
of hirers

Signature/Thumb impression

Name[s], signature[s] and address[es] of witness[es] @

@thumb impression[s] shall be attested by two witnesses.

FORM SL 2

Cancellation of nomination under Section 45 ZE and 52 of the Banking Regulation Act,1949 and Rule 4(5) of the Banking Companies (Nomination) Rules, 1985 in respect of Safety Locker.

I/ We (name(s) and address(es)

 hereby cancel the nomination(s) made by me/us in favour of (name(s) and address(es)
 in respect of the safety locker, the particulars whereof are given below.

Locker			Nominee/s			
Nature of	Distinguishing mark or No	Additional details , if any	Name	Address	Relationship with hirer/s if any	Age

Place :

Date :

* Signature(s) / Thumb Impression(s) of hirer(s).

Witness/es: @

Name/s:

address/es :

Signature:

Note:

* Where the locker is hired solely in the name of a minor, the cancellation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Thumb impression should be attested by two witnesses.

FORM SL 3

Variation of nomination under Sections 45 ZE and 52 of the Banking Regulation Act, 1949 and Rule 4(5) of the Banking Companies (Nomination) Rules, 1985 by sole hirer in respect of safety locker

I, (name and address)

.....

..... cancel the nomination made by me in favour of (name and address).

.....

.....and hereby nominate the following person to whom in the event of my/minor's death, The South Indian Bank Limited Br.

..... may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:

Locker						
Nature of	Distinguishing mark or No	Additional details, if any	Name	Address	Relationship with hirer/s if any	Age

Place :

Date :

Name(s), signature(s) and address(es) of witness(es) @

* Signature(s) / Thumb impression(s) of hirer(s)

*Where the locker is hired solely in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Thump impression shall be attested by two witnesses.

FORM SL 3A

Variation of nomination under sections 45ZE and 52 and Rule 4(7) of the Banking Companies (Nomination) Rules, 1985 of the Banking Regulation Act, 1949 by joint hirers in respect of safety locker

We, _____ [names and addresses]

cancel the nomination(s) made by us in favour of

[name(s) and address(es)]

and hereby nominate the following person[s] to whom in the event of the death of one or more of us _____

[branch/office in which the locker is situated]

may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below, jointly with the survivor or survivors of us.

Locker			Nominess(s)			
Nature of	Distinguishing mark or number	additional details, if any	Name	Address	Relationship with hirers, if any	Age

Place:

Date :
hirers

Signature/Thumb impression of

Name[s], signature[s] and

address[es] of witness[es] @

@thumb impression[s] shall be attested by two witnesses.

Application for Deceased claim

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

From

To

The Branch Manager
The South Indian Bank Ltd.,
_____ Branch

Dear Sir,

Re: **Deceased Account**
Late Shri/Smt.....
Account No(s).....

I/We advise the demise of Shri/Smt. _____ on _____
_____ He/She holds the above account(s) at your branch.
The account(s) is/are in the name
of: _____.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heirs of the above named deceased and lodge my/our claim for payment as per the bank's rules and discretion. 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) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Contd...2

: 2 :

	Full Name/Address	Occupation	Relationship with Deceased	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 : _____
- (b) Whether 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) _____
- (ii) _____
- (iii) _____

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by: _____
2. Letter of Indemnity

We request you to pay the balance amount lying to the credit of the above named deceased toon my/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,
Date : _____ Signature of Claimant(s)

(i) Name of Claimant Address Signature

ANNEXURE-2

TESTAMENTARY SUCCESSION DECLARATION FORM

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:-

Sri/Smt. _____ who had executed a Will dated _____ died on _____. We hereby declare that as per the Will the said _____ has bequeathed his/her bank deposits/gold pledged with the Bank/articles kept in safe deposit lockers/safe custody in favour of Sri/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/release assets, 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.

Signature

Place:

Date :

ANNEXURE-3

**Indemnity format
(from legal heirs only)**

**(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 South Indian Bank Ltd.,
_____ Branch.

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

Insert here the Name(s) of Claimants

- 1) _____
- 2) _____
- 3) _____
- 4) _____

The sum of Rupees _____
standing at the credit of Savings Bank/Current/R.D. Account No. etc.
_____ 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. _____ 5. _____ 6. _____

(heirs /claimants of the deceased)

ANNEXURE-4.

AFFIDAVIT

We, (1) _____, Son/Wife/Daughter of _____, 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:-

We hereby solemnly affirm and declare that Sri _____, 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

ANNEXURE-5

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

**INDEMNITY BOND TO BE OBTAINED FROM LEGAL HEIRS OF
DECEASED AND TWO SURETIES WHERE THE CLAIM AMOUNT/VALUE
EXCEEDS Rs.50000/-.**

Know all men by these presents that I/We (1) _____ S/o. _____, aged about _____ years, residing at _____ (2) Sri _____, S/o. _____, aged about _____ years, residing at _____ (3) Sri _____, S/o. _____, aged about _____ years, residing at _____ (hereinafter called 'legal heirs of deceased' which expression unless repugnant to the context or meaning thereof shall include his/her/their heirs, successors, representatives etc.) and (1) _____ S/o. _____, aged about _____ years, residing at _____ (2) Sri _____, S/o. _____, aged about _____ years, residing at _____ (hereinafter referred to as "Sureties" which expression unless repugnant to the context or meaning thereof shall include his/her/their heirs, successors, representatives etc.) are held and firmly bound to The South Indian Bank Ltd., their successors, assigns etc. (hereinafter called the "Bank") in the sum of Rs. _____ (Rupees _____ only) to be paid by the Bank for which payment to be well and truly made.

Whereas Sri/Smt. _____ had _____ account with total balance of Rs. _____ (Rupees _____ only) / had pledged gold worth Rs. _____ (Rupees _____ only) / had Safe Deposit Lockers/Deposited articles in Safe Custody containing articles with approximate value of Rs. _____ (Rupees _____ only) with _____ Branch of The South Indian Bank Ltd. and whereas the said Sri/Smt. _____ died on _____ leaving behind the legal heirs mentioned above, and whereas the said legal heirs had filed claim application with The South Indian Bank Ltd. for payment/for release of gold/articles.

Whereas the Bank has agreed to pay the amounts to the legal heirs without producing succession certificate/letter of administration on the condition that the Bank should be indemnified by all the legal heirs and two sureties against all loss that may be caused to it as a result of payment of the amount to the legal heirs without regular legal representation in the form of succession certificate/letter of administration.

Whereas the Bank has agreed to accept the Bond of the legal heirs and the sureties herein named as sufficient indemnity, now in consideration of the premises, the Executants herein have entered into this Bond.

: 2 :

Now the condition of the above written Bond is that the Bank is now and shall from time to time, and at all times, hereafter be kept safe and saved harmless and indemnified by all of us jointly and severally in respect of the payment of claim to the legal heirs of the deceased Sri/Smt. _____ as aforesaid and against all actions, losses, suits, charges, and expenses and demands whatsoever arising out of and in respect of the said payment.

IN WITNESS whereof we _____

_____ have hereunto set our respective hands this _____ day of _____ 20

Place :

Date :

Signatures of the Executants.

Witnesses:

1. Signature :
Name :
Address :

2. Signature :
Name :
Address :

RECEIPT

Received with thanks from The South Indian Bank Ltd. _____
branch, a sum of Rs. _____ (Rupees
_____ only) by Banker's Cheque
No. _____ dated _____ in favour of
_____ in full and
final settlement of my/our claim as successor on the balance in _____
Account(s) No(s). _____ standing in the name of the deceased
Shri/Smt/Kum. _____. I/We do not have any
other claim from the Bank henceforth.

Place:

Date:



(Signature of all the legal heirs @
Over a revenue stamp)

ANNEXURE-7

LETTER OF AUTHORITY

Date:_____

From:

1.

2.

3.

To

The Manager,
The South Indian Bank Ltd.,
_____ Branch.

Dear Sir,

Sub: Claim in the matter of Assets of late Sri/Smt._____

I/We, the undersigned, who is/are legal heir(s) of the late _____
do hereby authorize Sri/Smt. _____
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:-

Sl. No.	Name and Account Number of the Deposit/SDC/SCA/Gold loan	Total Amount of Deposit/ Value of Articles etc.	Nature of Security.
---------	--	---	---------------------

1.

2.

3.

4.

Contd...2

: 2 :

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.
- 4.

The executant(s) signed before me.

Signature :

Name and Address of Attesting authority.

ANNEXURE-8

DECLARATION in case funds are settled in favour of a Minor

I,----- father/mother and natural guardian of -----
hereby certify that the proceeds of your Banker's Cheque No.----- dated----
----- favoring ----- issued by you in settlement of the balance in account
number ----- of Late-----will be utilized for the benefit of
the minor only.

Signature _____

Name : _____

Father/Mother & Natural Guardian

ANNEXURE-9

**Form of Inventory of Contents of
Safe Deposit Locker Hired from The South Indian Bank Ltd.
(To be used where there is NO nomination or survivorship clause)**

The following inventory of contents of Safe Deposit Locker No. _____
located in the Safe Deposit Vault of The South Indian Bank Ltd.,
_____ Branch at _____

* hired by Shri/Smt. _____ (deceased) in his/her sole
name

* hired by Shri/Smt. (i) _____ (deceased) jointly with
(ii) _____

(iii) _____

was taken on this _____ day of _____ 20_____.

Sr. No.	Description of Articles in Safe Deposit Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s)/a
person mandated by the legal heirs and the surviving hirers

- who produced the key to the locker.
- by breaking open the locker under his/her/their instructions.
(delete whichever is not applicable)

The above inventory was taken in the presence of:
Legal heirs to deceased joint hirer(s)/person mandated by legal heirs

1. Shri/Smt. _____

Address _____ (Signature)

Shri/Smt. _____

Address _____ (Signature)

and

Shri/Smt. _____
Survivors of joint hirers (Signature)

Address _____

Contd...2

Shri/Smt. _____ : 2 : _____

Survivors of joint hirer(s) (Signature)

Address _____

2. Witness(es) with name, address and signature:

Shri/Smt. _____ (Signature)

Address: _____

Shri/Smt. _____ (Signature)

Address : _____

ACKNOWLEDGEMENT

* I, Shri/Smt. _____ legal heir/mandate holder

* We, Shri Smt. _____

_____ legal heirs and

Shri/Smt. _____

_____ surviving hirers

hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____
(Legal heir/Mandate Holder)

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Date : _____ Place : _____.

(* Delete whichever is not applicable)

FORMAT OF LETTER TO THE NOMINEE

THE SOUTH INDIAN BANK LTD.
BR. _____

Ref.No: _____

Date: _____

To

Srr/Smt. _____

Dear Sir,

SUB: _____ DEPOSIT A/C.No. _____ WITH US.

We are sorry to learn that Sri/Smt. _____ expired on _____ . We find that you have been nominated by the said deceased as nominee to his/her aforesaid account.

With a view to settle the claim, we request you to call on us to enable us to guide you regarding the formalities to be complied with for this purpose.

Assuring you of our best services always,

Yours faithfully,

BRANCH MANAGER

APPLICATION FOR DECEASED CLAIM

(To be used when account has nomination or is a joint account with survivor clause)

From

To

The Branch Manager,
The South Indian Bank Ltd.
_____ Branch

Dear Sir,

**Re: Deceased Account
Late Shri/Smt.....
Account No(s).....**

I/We advise the demise of Shri/Smt. _____ on _____.
He/She holds the above account(s) at your branch.
The account is in the name(s) of: _____

A. In case of Nomination

I,.....son/daughter of
Shri.....residing at
..... am

- (ii) the registered nominee in the above account(s).
- (iii) 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.

Please settle the balance in the account in the name of the nominee. I receive the payment as trustee 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 in my /our name(s) with same mode of operations.

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:

(Claimant(s))

RECEIPT

(TO BE OBTAINED FROM THE NOMINEE)

I, Sri/Smt. _____, S/o. / D/o. _____ aged _____ years, the nominee/guardian of the minor nominee _____ hereby acknowledge receipt of a sum of Rs. _____ (Rupees _____ only) from The South Indian Bank Ltd., _____ Branch, being the amount payable in the accounts mentioned hereunder of the late _____ as his/her nominee in full and final settlement of the claims * by substitution of my name to the deposit account.

Deposit A/c.No. / Assets.	Amount / Value in Rs.
---------------------------	-----------------------

I hereby confirm that I have no further claim against the Bank in respect of accounts/assets of the said deceased as nominee and the Bank is fully discharged from all liability and obligation to me or to any person claiming for or through me including the legal heirs of the deceased depositor(s).

Date:

Revenue Stamp

WITNESSES: (If nominee affixes
Thump impression)

(Signature with name and
address of the nominee /
Guardian of the minor nominee)

- 1.
- 2.

* Strike out if not applicable.

ANNEXURE-13

**Form of Inventory of Contents of
Safe Deposit Locker Hired from The South Indian Bank Ltd.
{Section 45ZE (4) of the Banking Regulation Act, 1949}
(To be used where there is nomination or survivorship clause)**

The following inventory of contents of Safe Deposit Locker No. _____
located in the Safe Deposit Vault of The South Indian Bank Ltd.,
_____ Branch at _____

* hired by Shri/Smt. _____ (deceased) in his/her sole
name

* hired by Shri/Smt. (i) _____ (deceased) jointly with
(ii) _____

(iii) _____

was taken on this _____ day of _____ 20_____.

Sr. No.	Description of Articles in Safe Deposit Locker	Other Identifying Particulars, if any

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.
(delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

Shri/Smt. _____ (Nominee) _____

Address _____ (Signature)

and

Shri/Smt. _____
Survivors of joint hirers _____ (Signature)

Address _____

Contd...2

Shri/Smt. _____ : 2 : _____
Survivors of joint hirer(s) (Signature)

Address _____

2. Witness(es) with name, address and signature:

Shri/Smt. _____ (Signature)

Address: _____

Shri/Smt. _____ (Signature)

Address : _____

ACKNOWLEDGEMENT

* I, Shri/Smt. _____ (Nominee)

* We, Shri Smt. _____ (Nominee),

Shri/Smt. _____ and Shri/Smt. _____
_____ the survivors of the joint hirers, hereby acknowledge
the receipt of the contents of the Safe Deposit Locker comprised in and set out in the
above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee) Shri/Smt. _____
(Survivor)

Signature _____ Signature _____

Place _____ Date _____

(Survivor) Shri/Smt. _____

Signature _____

Date: _____

Place : _____

NOTE:

It is made clear that access to locker is given to survivor(s)/nominee(s) only as a trustee of the legal heirs of deceased locker hirer on the condition that such access if given to survivor(s)/nominee(s) shall not affect the right or claim which any person may have against the survivor(s)/nominee(s) to whom the access is given.

ANNEXURE-14

**Form of Inventory of articles left in
Safe Custody with The South Indian Bank Ltd.
{Section 45ZC (3) of the Banking Regulation Act, 1949}
(To be used where there is nomination or survivorship clause)**

The following inventory of articles left in Safe Custody with _____
Branch of The South Indian Bank Ltd., by _____
(deceased) under an agreement/receipt dated _____ was taken
on this _____ day of _____ 20_____.

Sr. No.	Description of Articles in Safe Custody	Other Identifying Particulars, if any

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee) _____

Shri/Smt. _____

(Appointed on behalf of minor nominee)

Address _____

Address _____

Signature _____

Signature _____

I, Shri/Smt. _____ (Nominee/ appointed on behalf of minor Nominee) hereby acknowledge receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee)

Signature _____

Date:

Place :

Contd...2

: 2 :

Shri/Smt. _____
(Appointed on behalf of minor Nominee)

Signature _____

Date :

Place:

Note:

It is made clear that access to safe custody articles is given to survivor(s)/nominee(s) only as a trustee of the legal heirs of deceased depositor of safe custody articles on the condition that such access if given to survivor(s)/nominee(s) shall not affect the right or claim which any person may have against the survivor(s)/nominee(s) to whom the access is given.

ACKNOWLEDGEMENT

* I, Shri/Smt. _____ (Nominee)

hereby acknowledge the receipt of the articles comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____ (Nominee)

Signature _____

Place _____ Date _____

ANNEXURE-15

**Form of Inventory of Contents of
Safe Custody with The South Indian Bank Ltd.
(To be used where there is NO nomination or survivorship clause)**

The following inventory of articles left in Safe Custody with
_____ Branch of The South Indian Bank Ltd., by Shri/Smt.
_____ (deceased) under an agreement/receipt dated
_____ was taken on this _____ day of _____ 20_____.

Sr. No.	Description of Articles in Safe Custody	Other Identifying Particulars, if any

The above inventory was taken in the presence of:
Legal heirs or a person mandated by legal heirs

1. Shri/Smt. _____
Address _____ (Signature)

2. Shri/Smt. _____
Address _____ (Signature)

2. Witness(es) with name, address and signature:

Shri/Smt. _____
Address: _____ (Signature)

Shri/Smt. _____
Address : _____ (Signature)

Contd...2

: 2 :

ACKNOWLEDGEMENT

* I, Shri/Smt. _____ legal heir/mandate holder

* We, Shri Smt. _____

_____ legal heirs and

Shri/Smt. _____

_____ surviving hirers

hereby acknowledge the receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. _____
(Legal heir/Mandate Holder)

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Shri/Smt. _____ Signature _____

Date : _____ Place : _____.

(* Delete whichever is not applicable)