

CHECK LIST FOR DECEASED CLAIM

The following are the lists of papers / documents / Indemnities / Affidavits etc. require for settling Deceased Claim Proposal. The list is only illustrative and it may vary from case to case.

| Sl. No. | DECEASED CLAIM IN RESPECT OF | DOCUMENTS TO BE SUBMITTED AT BRANCH |
|---------|---|---|
| 1. | SINGLE ACCOUNTS WITH NOMINATION: FOR CLAIM AMOUNT UPTO Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure – 2 2. Copy of Death Certificate. 3. KYC documents of Nominee. 4. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 5. Annexure-6 |
| 2. | ACCOUNTS WITH NOMINATION FOR JOINT ACCOUNTS WITH SURVIVORSHIP CLAUSE : FOR CLAIM AMOUNT UPTO Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure – 2 2. Copy of Death Certificate. 3. KYC documents of Nominee. 4. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 5. Annexure-6 |
| 3. | ACCOUNTS WITH NOMINATION : FOR CLAIM AMOUNT ABOVE Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure –3 2. Copy of Death Certificate. 3. KYC documents of Nominee. 4. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 5. Witness by any one of the following: <ol style="list-style-type: none"> (a) Magistrate or Judicial Authority (b) An officer of Central Government/State Government (c) An officer of Bank or (d) Two well known persons acceptable to Bank and good for the amount involved. 6. Annexure-6 |
| 4. | ACCOUNTS WITH OUT NOMINATION FOR JOINT ACCOUNT WITH SURVIVORSHIP CLAUSE : FOR CLAIM AMOUNT ABOVE Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure – 3A 2. Copy of Death Certificate. 3. KYC documents of Survivor/s 4. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 5. Annexure-6 |

| | | |
|----|---|---|
| 5. | SINGLE / JOINT ACCOUNT WITHOUT NOMINATION AND WITHOUT SURVIVORSHIP CLAUSE : FOR CLAIM AMOUNT UPTO Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure – 7 2. Copy of Death Certificate. 3. KYC documents of claimant(s) 4. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 5. Legal Heir Certificate from Competent Authority. 6. Letter of Indemnity by all claimants as per annexure – 8. 7. Annexure-6, |
| 6. | ACCOUNTS WITH OUT NOMINATION : FOR CLAIM AMOUNT ABOVE Rs. 0.50 LAC | <ol style="list-style-type: none"> 1. Application for settlement of claim as per annexure – 9 G-64(R) 2. Family declaration. 3. Copy of Death Certificate. 4. KYC documents of Claimant(s) 5. Original Pass Book/Deposit Receipt/Unused Cheque/Locker Keys/ original safe keeping receipts etc. 8. Legal Heir Certificate from Competent Authority. 6. Affidavit to be executed on non-judicial Stamp Paper of requisite value by all the claimant(s) duly affirmed before Metropolitan/1st Class Magistrate or a Notary Public or any authority duly authorised to affirm or to take affidavit on oath duly filled in appropriately in Annexure – 10. 7. Two nos. of sureties acceptable to the Bank, each good for the amount of claim along with their KYC documents / Information Sheet /other relevant papers. 8. Statement of means from Sureties. 9. Indemnities of the Claimant(s) and Sureties as per Annexure - 11 10. Annexure-6 |
| 7. | IN CASE CLAIMANT FAILS TO PRODUCE REQUIRED PAPERS : PASS BOOK/ DEPOSIT CERTIFICATE/SAFE CUSTODY RECEIPTS AND LOCKER KEYS ETC. | <ol style="list-style-type: none"> 1. Indemnity to be executed by nominee/Legal heirs on a stamp paper of requisite value as per annexure – 4. |

Annexure -2 : Claim Form of Nominee (upto Rs.0.50 lacs)

(To be used when account has nomination or is a joint account with survivorship clause AND claim amount is Rs.0.50 lacs or less)

From

To

The Branch Manager, UCO Bank
_____ Branch

Dear Sir,

Re : **Deceased Account**
Late Shri/Smt.
Account No (s)/ Locker No(s)/Safe Custody Receipt
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 of _____.

A. In case of Nomination

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

- (i) the registered nominee in the above account(s).
- (ii) the person authorised 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 or deliver/handover the contents of the safe deposit locker/safe custody articles in favour of the nominee. I 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 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)]

Annexure- 3 : Claim Form of Nominee (more than Rs.0.50 lacs)

**(Proforma Claim Format from Nominee
where the claim amount is more than Rs.0.50 lacs)**

I, Shri/ Smt./ Kumari Nominee/appointed on behalf of the minor nominee of the deceased Shri/ Smt. declare that I am nominated / authorized to claim the deposit monies/articles held in safe custody/ safe deposit locker No..... with UCO Bank.....Branch by Shri/ Smt. deceased. The deposit monies/ articles held in safe custody/ safety locker are held in Account No. / Locker No. / Safe custody Receipt No. of Shri/ Smt. deceased.

I submit self-attested photocopies of the following document(s) together with originals. Please return the original to me after verification.

- a) Death Certificate issued by
- b) Identity proof

.....

Enclosure – As above.

Signature
Name of Nominee/ Appointed on
behalf of the minor nominee
Address.....

.....

#Witness:

- 1. Name.....
Address
- Occupation
- Signature
- 2. Name.....
Address
- Occupation
- Signature

* Strike out whichever is not applicable.

Claim form should be witnessed by any of **a.** Magistrate or Judicial Authority, or **b.** An Officer of Central government/state government, or **c.** An officer of Bank or , **d.** Two well know persons, acceptable to Bank and good for the amount involved.

Note : (Indemnity Proforma (Annexure 4) is to be taken from Nominee while settling claims without production of relevant Pass Books/ Deposit Certificates/ Safe Custody Receipts and Locker Keys etc.)

Annexure- 3A

(To be used in A/C with no nomination and joint account with survivorship clause - claim amount above Rs.0.50 lacs)

From

To

The Branch Manager, UCO Bank

_____ 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 of _____(the above named deceased)
and _____ and

I/We am/are the surviving a/c holders.

I/We request you to delete the name of the above name deceased person
and continue the account in my/ our name(s) with same mode of operations.

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

Death Certificate issued by _____

Proof of Identity _____

Yours faithfully,

Place:

Date:

[Claimant(s)]

Annexure -4 : Indemnity by Nominee in absence of required papers

Proforma of the Indemnity to be signed by the Nominee and the Indemnifier(s) while settling claims without production of relevant Pass Books/Deposit Certificates/Safe Custody Receipts and Locker Keys etc. on a stamp paper of requisite value

This Agreement made at this
..... day of..... 20

Executed by:

1) Shri/Smt.....son/daughter/wife of.....
aged about.....years residing at.....(hereinafter
called the Nominee)

And

2) Shri/Smt.....son/daughter/wife of.....
aged about.....years residing at.....(hereinafter
called the Indemnifier)

3) Shri/Smt.....son/daughter/wife of.....
aged about.....years residing at.....(hereinafter
called the Indemnifier); which expression wherever the context so
admits or requires, means and includes their respective heirs, legal
representatives, successors and assigns in favour of UCO Bank, a body
corporate constituted under the Banking Companies (Acquisition &
Transfer of Undertakings) Act, 1970 with its Head Office at No. 10, Biplabi
Trailokya Maharaj Sarani, Kolkata - 700 001 and among others a Branch
Office at..... (hereinafter called the
Bank) which expression shall wherever the context so admits or requires,
means and includes its successors and assigns.

WHEREAS Shri/Smt.(hereinafter
called the "deceased") died on The deceased held
a Bank Deposit/Safe Custody/Locker Account being numbered as
..... with the Bank and had nominated the above named
Nominee in the prescribed manner.

AND WHEREAS at the request of the Nominee and the Indemnifiers the Bank
has agreed to settle the claim in favour of the Nominee without production of
relevant Passbook/Deposit Certificate/Safe Custody Receipt and Locker Key.

In consideration of the premises, the Nominee and Indemnifier(s) further agree
to make payment of cost, charges or expenses that the Bank may suffer or

incur, whatsoever, if called upon, and/or to make payment in respect of the above deposits/assets/securities to any persons, from the date of such incurring of expenses and/or payment till realisation from us and also to agree to indemnify and keep the Bank Indemnified as against any losses or damages incurred/to be incurred by it arising out of the same as stated hereinabove.

We also confirm that the above said Pass Book/Deposit Receipts/Safe Custody Receipts/Key of the Locker have not been delivered to any other persons and the above said account articles and contents of the Safe Custody and Locker have not been pledged, transferred or assigned to any other person(s) to the best of our knowledge.

We further undertake to deliver to the Bank the said original Pass Book/Deposit Receipts/Safe Custody Receipts/Keys of the Locker if and when found.

.....
Signature of Indemnifier(3) Signature of Indemnifier(2) Signature of Nominee(1)

Annexure - 7 : Application for claim upto Rs.0.50 lacs - without Nomination/ without Survivorship Clause

(to be used for cases other than nomination/joint a/c without survivorship clause -upto Rs.0.50 lacs)

From

To
The Branch Manager,
UCO Bank
..... Branch

Dear Sir,

Re : **Deceased Account**
Late Shri/Smt
Account No (s)/ Locker No(s)/Safe Custody Receipt

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.

| Full Name/Address | Occupation | Relationship with deceased | Age |
|--------------------------|-------------------|-----------------------------------|------------|
| i) _____ | _____ | _____ | _____ |
| ii) _____ | _____ | _____ | _____ |

iii) _____
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 of duly
attested copy of such order
 - c) In whose custody the Minor/s is /are

5. Claimant/s name/s & 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

I/We request you to pay the balance amount lying to the credit of the above named deceased or deliver/handover the contents of the locker/ safe custody articles to _____ on 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- 8 : Letter of Indemnify by Claimant(s) – (Claims upto Rs.0.50 lacs)

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

**LETTER OF INDEMNITY WITH RESPECT TO PAYMENT OF
THE DECEASED CONSTITUENT'S ACCOUNT WITHOUT
PRODUCTION OF LEGAL REPRESENTATION**

To
The Branch Manager
UCO Bank

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

Insert here the Name(s) of Claimants

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

The sum of Rupees standing to the credit of Savings Bank/Current/R.D Account No. etc. with your bank in the name of Shri/Smt/Kum _____

OR

The contents of the Locker / Safe Custody articles lying in Locker No(s). /against Safe Custody Receipt No(s).....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 Duty to the effect that estate duty 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/paying or deliver/delivering to me/us the said sum as aforesaid or the contents of the locker/safe custody articles.

SIGNED AND DELIVERED

By the above named on

this..... Day oftwo thousand _____

SIGNED AND DELIVERED by

The above named

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(Signature of legal heirs/claimants of the deceased)

Annexure -9-G64 (Revised): Application From For Claims above Rs. 0.50 lacs.

To
The Manager,
UCO Bank,

Dear Sir,

**Sub :Claims on the Accounts/Assets/Securities held by UCO ,BANK
on account of a Deceased Depositor**

I/We submit herein my/our claim upon the Accounts/Assets/Securities held by you on account of a deceased party as per the following particulars :

1. PARTICULARS RELATING TO DECEASED PARTY :

| Sl. No | Query | Answer |
|--------|---|--------|
| 1 | Name : | |
| 2 | Father's/Husband's Name : | |
| 3 | Religion and Sex : | |
| 4 | Last Occupation : | |
| 5 | Last Address —Business/ Office/ : Residence : | |
| 6 | Date of Death : | |
| 7 | Place of Death (mention district also) : | |
| 8 | Authority issuing the Death Certificate (Ref. No. Date of Issue etc.) : | |
| 9 | Whether Deceased Left a Will ? Yes / No | |
| 10 | If answer to (9) is 'Yes' Whether Will has been Probated and/or Letters of Administration obtained (If yes, a copy of the same should be attached) : Yes / No | |
| 11 | Whether Succession Certificate Obtained? if 'Yes' the Issuing Court, Date of Issue, particulars of assets (a copy to be enclosed) covered by it. : | |
| 12 | Whether the property in the Accounts/ Assets held belongs to Hindu Undivided Family or any Third party? | |

DETAILS OF DECEASED PERSON'S ASSETS & LIABILITIES

| | Particulars (Description, Ref. No.....Date of Issue, Date of Maturity etc.) | Amount/Value in Rs. individually |
|--|--|---|
| Assets/Deposits with Bank (including Assets in Lockers) | | |
| Liabilities (Direct, Indirect or Contingent) due to the Bank | | |

I/We furnish in Annexure-I/II the relevant details of family and legal heirs of the deceased.

I/We the claimant(s), being the *legal heir(s)/Legatee(s)/executor(s), administrator(s) of the above stated assets of the deceased, declare that the information given above and in Annexure-I/II are true and correct. I/ We also authorize you to settle our claim after appropriating the necessary amount (*or retaining the necessary deposits/assets/securities required to be held under general/special lien to you) against liabilities due to the bank from the deceased. We further request you to pay/ deliver/transfer to our names the balance in above mentioned account/abovementioned assets as per the probated will/succession certificate/letter of administration/on the basis of affidavit and indemnity signed by the legal heirs including ourselves (as also legatees under the will if the will is not probated) and sureties namely Sri/Smt.....and Sri/Smt.....

As the assets to be settled include contents of a Locker/safe custody articles, I/We request you to allow us to take inventory of lockers/contents of safe custody packets and get valuation done by valuers approved by the Bank as per Bank's rules.

Date

Signature of Claimant(s)

* *Strike out the inapplicable.*

Mark X in this box if inapplicable

FAMILY DECLARATION FOR HINDU, BUDDHIST, SIKH, JAIN, CHRISTIAN, PARSI

| If the deceased was a MALE Buddhist, Sikh or Jain, Hindu mention nos. of following relatives below : | | If the deceased was a FEMALE Hindu, Buddhist, Sikh or Jain give family details below : | | If the deceased was an Indian Christian : | |
|--|------------|--|------------|--|------------|
| Class of relatives | No. living | Class of relatives | No. living | Class of relatives | No. living |
| Class - I Heirs Son(s) Daughter (s) Widow Mother Son of a Predeceased son Daughter of a Predeceased son Son of a Predeceased daughter Daughter of a Predeceased daughter Widow of a Predeceased son Son / Daughter/Widow of a Predeceased son of a Predeceased son Total : If total (a) is nil, only then give details regarding Father Class - II Heirs I. Father II. (1) Son's daughter's son, (2) Son's daughter's daughter, (3) Brother, (4) Sister. III. (1) Daughter's son's son, (2) Daughter's son's daughter, (3) Daughter's daughter's son, (4) Daughter's daughter's daughter IV. (1) Brother's son (2) Sister's son (3) Brother's daughter (4) Sister's daughter V. Father's father Father's mother VI. Father's widow Brother's widow VII. Father's brother Father's sister VIII. Mother's father Mother's mother IX. Mother's brother Mother's sister Total : | | (a) I. Son (s) II. Daughter(s) III. Children of any predeceased son/daughter IV. Husband Total : (b) Heirs of Husband (c) I. Mother II. Father (d) Heirs of Father (e) Heirs of Mother | | Widow/Husband Son Daughter Total : If no son or daughter then Grand Children If no Grand children then great grand children If no great grand children, Father Else Mother Brother Sister Total : If the deceased was Male Parsi Widow Father Mother Son(s)/Daughter(s) :- Son(s)/Daughter(s) of a Predeceased son/daughter :- Total : If the deceased was Female Parsi Widower Son(s) Daughter (s) Total : | |

Note : (a) In case of Buddhist, Sikhs, Jain and Hindu Males, the heirs mentioned in Class-I will take simultaneously and if there is no one in Class-I, only then Class-II heirs will inherit the estate of the deceased as per Hindu Succession Act. In Class-II heirs those in the 1st entry shall inherit to the exclusion of those in 2nd entry; those in the 2nd entry shall inherit to the exclusion of those in 3rd entry; and so on.

(b) In case of Hindu, Buddhist, Sikh or Jain Females among heirs specified those in entry (a) shall inherit to the exclusion of those in entry (b); the heirs in entry (b) shall inherit to the exclusion of those in entry (c); and so on in case of succeeding entries.

.....
(Signature of the All the Claimants)

FAMILY DECLARATION FOR DECEASED MOHAMMEDAN

| <p>If the deceased was a Shia tick here Family details as per below :</p> <table border="0"> <thead> <tr> <th><u>Class of relatives</u></th> <th><u>No. living</u></th> </tr> </thead> <tbody> <tr><td>Husband/Wife</td><td></td></tr> <tr><td>Father</td><td></td></tr> <tr><td>Mother</td><td></td></tr> <tr><td>Daughter</td><td></td></tr> <tr><td>Son</td><td></td></tr> <tr><td>Uterine Brother (Brother of the same mother by a different father)</td><td></td></tr> <tr><td>Uterine sister</td><td></td></tr> <tr><td>Full sister</td><td></td></tr> <tr><td>Consanguine sister</td><td></td></tr> <tr><td>Total :</td><td></td></tr> </tbody> </table> | <u>Class of relatives</u> | <u>No. living</u> | Husband/Wife | | Father | | Mother | | Daughter | | Son | | Uterine Brother (Brother of the same mother by a different father) | | Uterine sister | | Full sister | | Consanguine sister | | Total : | | <p>If the deceased was a Sunni tick here Family details as per below :</p> <table border="0"> <thead> <tr> <th><u>Class of relatives</u></th> <th><u>No. living</u></th> </tr> </thead> <tbody> <tr><td>Father</td><td></td></tr> <tr><td>True Grandfather</td><td></td></tr> <tr><td>Husband/Wife</td><td></td></tr> <tr><td>Mother</td><td></td></tr> <tr><td>True Grandmother</td><td></td></tr> <tr><td>(Paternal & Maternal) Daughter</td><td></td></tr> <tr><td>Son</td><td></td></tr> <tr><td>Son's daughter</td><td></td></tr> <tr><td>Son's son</td><td></td></tr> <tr><td>Uterine brother</td><td></td></tr> <tr><td>Uterine sister</td><td></td></tr> <tr><td>Full sister</td><td></td></tr> <tr><td>Consanguine sister</td><td></td></tr> <tr><td>Total :</td><td></td></tr> </tbody> </table> | <u>Class of relatives</u> | <u>No. living</u> | Father | | True Grandfather | | Husband/Wife | | Mother | | True Grandmother | | (Paternal & Maternal) Daughter | | Son | | Son's daughter | | Son's son | | Uterine brother | | Uterine sister | | Full sister | | Consanguine sister | | Total : | |
|---|---------------------------|-------------------|--------------|--|--------|--|--------|--|----------|--|-----|--|---|--|----------------|--|-------------|--|--------------------|--|----------------|--|--|---------------------------|-------------------|--------|--|------------------|--|--------------|--|--------|--|------------------|--|--------------------------------|--|-----|--|----------------|--|-----------|--|-----------------|--|----------------|--|-------------|--|--------------------|--|----------------|--|
| <u>Class of relatives</u> | <u>No. living</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Husband/Wife | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daughter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uterine Brother (Brother of the same mother by a different father) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uterine sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consanguine sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Class of relatives</u> | <u>No. living</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Grandfather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Husband/Wife | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Grandmother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Paternal & Maternal) Daughter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Son's daughter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Son's son | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uterine brother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uterine sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consanguine sister | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p align="center">(Signature of the All the Claimants)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Sl No. | Name | Relationship with deceased | Age | Occupation | Address |
|--------|------|----------------------------|-----|------------|---------|
| | | | | | |

.....
(Signature of the All the Claimants)

Annexure -10 : Affidavit by Claimants (above Rs.0.50 lacs)

(Proforma Affidavit to be affirmed by the claimant(s), other legal heir(s) of the deceased to be executed on Non-judicial Stamp Paper of requisite value duly affirmed before a Metropolitan/1st Class Magistrate or a Notary Public or any authority duly authorised to affirm or to take affidavit on oath)

We, the undersigned, do hereby solemnly affirm, declare and state as follows:

1. That Smt./Shri.....("deceased", daughter /son/wife ofaged..... by religion by occupation last residing atdied on at.....*intestate/leaving a Will dated which has been * probated/not probated. A copy of the death certificate is enclosed.

2. That we, the undersigned, having ages, address and occupations as under are the *only legal heirs/legatees/executors/administrators to the estate of the deceased and are entitled to claim the balance deposits / amounts / jewels / ornaments and other valuables including the contents of the locker/safe custody articles more particularly described in the Schedule written hereunder :

| Name | Age | Occupation | Residential Address | Office Address | Relation with deceased |
|------|-----|------------|---------------------|----------------|------------------------|
| | | | | | |

3. That apart from as above, there are no other claimants/legal heirs of the deceased having any claim to the assets and properties of the deceased.

4. That the statements made above are true to our knowledge.

Schedule above referred to

| Ref. No. | Description | Issuing Date | Date of Maturity, if any | Amount/Value |
|----------|-------------|--------------|--------------------------|--------------|
| | | | | |

.....Total

Sworn and affirmed on this
day of Two thousand in my presence

Date :-.....

.....
(Signature of Claimants/Legal heirs
Executors/Administrators)

.....
Signature of attesting functionary
with Designation and Official Seal

** Strike out whichever is not applicable.*

Annexure – 11 : Indemnity by Claimant(s) & Sureties (above Rs.0.50 lacs)
(To be executed on non-judicial stamp paper of requisite value by claimants/legal heirs/sureties)

In consideration of UCO Bank, a body corporate, constituted under the Banking Companies (Acquisition & Transfer of Undertakings Act, 1970 as amended from time to time having its Head Office at 10, Biplabi Trailokya Maharaj Sarani, Kolkata-700 001 and among others a branch office at (hereinafter Referred to as "the Bank" which expression shall include its successors and assigns) at our request and authorization and on the strength of statements and declarations contained in the Affidavit dated by the claimants/legal heirs, agreeing to allow operation/pay/deliver/transfer or handover to Mr./Mrs..... one of the undersigned, the assets/securities/deposit/contents of locker/safe custody articles standing in the name of Mr/Mrs./Ms., now deceased, without production of legal representation to the estate of the said deceased, we, all the undersigned claimants, legal heirs, sureties, executors, administrators do hereby jointly and severally indemnify and agree at all times to keep the Bank indemnified from and against all claims that may be preferred against the bank and against all actions, proceedings, claims and demands which may be brought or made against the bank by any person or persons whomsoever in respect of the said assets/securities/deposits or any portion thereof and against all losses, damages, costs, charges and expenses that the bank may incur or pay in consequences of the bank paying/delivering the said deposits/assets/ securities/allowing operation without production of legal representation.

Details of assets/securities/deposits are as follows :

| Ref. No. | Description | Issuing Date | Date of Maturity | Amount/Value |
|----------|-------------|--------------|------------------|--------------|
| | | | | |

.....Total

Total Amount/Value in words Rupees

| Name | Occupation | State whether claimants other heirs/sureties/ executors/administrators | Residential Address | Office Address | Date |
|------|------------|--|------------------------|-------------------|------|
| | | | | | |

We undertake to notify immediately the Bank of any change in our above address/es.

Signature :

- | | | |
|---------|---|-----------|
| 1. | } | Claimants |
| 2. | | |
| 3. | } | Sureties |
| 4. | | |
| 5. | | |