



NOMINATION FACILITY: SETTLEMENT OF CLAIM

Branch Manager
The Industrial Co-Operative Bank Ltd.

Photo of
Nominee

Dear Sir,

CLAIM AS NOMINEE FOR

PAYMENT OF BALANCES HELD IN THE DEPOSIT ACCOUNTS (SB/CA/RD/(S)TDR/)/OF

ARTICLES HELD IN SAFE DEPOSIT/ SAFE CUSTODY/SAFE DEPOSIT LOCKER OF

LATE _____

I _____ (Nominee) Son/Daughter of _____
hereby declare that I am the Nominee / Appointed as Guardian on behalf of a Minor Nominee in
the Account(s) of Late _____ (Deceased) who has expired on _____.

I, therefore submit my claim as a Nominee/ Guardian on behalf of Minor Nominee for the
Balances available in Accounts with interest / *Articles Held in Safe Deposit, Safe Custody, Safe
Deposit Locker of deceased as per details given below to be paid/returned to me.

Sl.No.	NATURE OF DEPOSIT (SB /CA/TDR/RD)	A/C No.	Amount	DATE OF MATURITY (If TDR)	Nature of Liability to the Bank (if Any)	Amount
1						
2						
3						
4						
TOTAL DEPOSIT AMOUNT				TOTAL OF BANK LIABILITY		
*Safe Deposit/Safe Custody/ Safe Deposit Locker			Sl. No./ Receipt No./Account No & Other Descriptions/Details			

* (Strike Out if not applicable)

** (The actual amount of claim with accrued interest will be worked out on the date of payment.)

I have enclosed all the documents mentioned below for your perusal and settlement of the claim.

Yours faithfully,

Documents Enclosed:

(Signature of Nominee/Person

Appointed on behalf of minor Nominee)

1.Passbook / (S)TDR of Deceased (In original) ()

2.Cheque Book of Deceased ()

3.ATM Card of Deceased ()

4.Death Certificate ()

5.Nomination Receipt ()

6.Identification Proof of the Nominee ()

(Showing relationship with Deceased)

7. Address Proof of the Nominee ()

8. Others(Specify)_____

Date:-

Address for Correspondence:

Shri/Smt _____

Mobile/Ph: _____

ICBL A/c No: _____

Witness (1)

Shri/Smt _____

A/c No: _____

Witness (2) _____

Shri/Smt _____

A/c No: _____

FOR OFFICE USE ONLY

Report of the Recommending Authority: -

I have made necessary inquiries about the claim made by the Nominee / Guardian on behalf of the Minor Nominee & satisfied that the claim may be settled. All the necessary documents have been obtained. The claim may be paid/articles returned to the Nominee / Guardian on behalf of the Minor Nominee.

Any other Remarks:

Place:

Date: ____ / ____ /20 ____

Name & Designation :
(Recommending Authority)

Signature with Date

Sanctioned and Payment/Returning of Articles/contents to Nominee / Guardian on behalf of the Minor Nominee Allowed:

Place:

Date: ____ / ____ /20 ____

Name & Designation :
(Sanctioning Authority)

Signature with Date

#Disbursement & Record:

Amount of ₹ /-(Rupees) paid by way of Banker's Cheque No. Dated _____ and receipt obtained.

'OR'

Credited to Nominee's Account No _____ maintained with _____ Branch and copy of statement of account carrying the relevant entry maintained on record as part of the claim settlement.

'OR'

Credited to Nominee's Account No _____ maintained in India with _____ Bank _____ Branch at _____ through RTGS/NEFT vide UTR No _____ dated ___/___/20___ and copy of acknowledgement of electronic transfer credit maintained on record as part of the claim settlement.

Place: _____

Date: ___ / ___ / ___

Branch Manager / Accountant

RECEIPT

(In Case Payment to Nominee/Guardian of Minor Nominee made through BANKER' CHEQUE)

Received from The Industrial Co-Operative Bank Ltd., _____

Branch an Amount of

₹ _____ /- (Rupees _____) by way

of Banker's Cheque No. _____ Dated / /20 towards full and final settlement

of Balance to the credit of SB/CA/RD/(S)TDR Accounts as above in the name of Late

Rs. 1/-
Revenue
Stamp

(Signature)

Name: _____

Address: _____

Date: / /20

Inventory and Acknowledgement of Receipt For Safe Custody Articles

**Form of Inventory of articles left in Safe Custody with The Industrial Co-Operative Bank Ltd.
{Section 45ZC (3) of the Banking Regulation Act, 1949}**

The following inventory of articles left in safe custody with **The Industrial Co-Operative Bank Ltd.** _____ branch, by Shri/Smt. _____ (deceased) under an agreement/ receipt dated _____ was taken on this, _____ day of _____ 20_____.

Sl.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/ Appointed on behalf of minor Nominee)

Address _____

Signature _____

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

Signature _____

Place : _____

Date : _____

Inventory and Acknowledgement of Receipt For Safe Deposit Locker Content

Form of Inventory of Contents of Safe Deposit Locker Hired from The Industrial Co-Operative Bank Ltd.

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

The following inventory of contents of Safe Deposit Locker No. _____ located in the Safe Deposit Vault of The Industrial Co-Operative 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_____.

Sl.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.

The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee)

Address _____

OR

(Signature)

1. Shri/Smt. _____ (Nominee)

Address _____

and

(Signature)

Shri/Smt. _____ (Survivors of joint hirers)

Address _____

(Signature)

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

* 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) Signature _____

Place : _____ Date : _____

Shri/Smt. _____ (Survivor) Signature _____

Place : _____ Date : _____

(* Delete whichever is not applicable)