Annexure X

Application for Deceased Claim by Survivor- for settlement (preclosure/maturity refund) of Deposit

(To be used for cases with F/s or A/S for premature withdrawal of deposit)

Date :_____

From (Claimant's Name & Address)

_____

_____

_____

To

The Manager

Shriram Finance Ltd. (SFL)

_____ Branch.

Re: Fixed Deposit in the name of _____

Dear Sir,

The below Fixed deposit/s was/were opened with SFL:

FD NO	First Applicant Name	Certificate Date	Maturity Date

I/We hereby state that Depositor/s Mr./Mrs._____ (Deceased Depositor) has/have expired on _____ (Expiry Date).

I/We hereby state that I/We do not wish to continue the said Fixed Deposits and therefore lodge my/our claim for the settlement of deposit amount along with accrued interest lying in the said Fixed Deposit.

I/We submit the following documents.

- Original Death Certificate / Notarised copy.
- Original certificate to be discharged by SURVIVOR/S or in case of no certificate indemnity (Annexure XIII) by Survivor.
- Death certificate of deceased depositor – Original / Notarised
- KYC (Address & ID proof) / PAN of SURVIVOR with self-attestation – originals to be shown to SFL Branch Staff/SC
- Bank passbook copy / personalized cancelled cheque leaf of Survivor.
- Signed Premature closure Quotation/confirmation letter.

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

I/We request you to pay the deposit amount lying to the credit of the above-named deceased Depositor to Mr./ Ms./ Mrs.

_____(Name of the Claimant) on my/our behalf in the below mentioned Bank Account.

Bank Name, Branch:

Bank Account Number:

IFSC :

Name of the Claimants	Signature	Address
1.		
2.		
3.		
4.		

For SFL Office Use

Certified that this Request letter is complete in all respect & all relevant documents are obtained and verified mode of operation and signatures of the account

Signature with Stamp:

Name (BTL) :

SFL Employee code:

Date: _____

Signature with Stamp:

Name (Branch Head) :

SFL Employee code:
