Annexure XII

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

From Date :_____

_____ (Claimant Name & Address)

_____

_____

To

The Manager

Shriram Finance Ltd. (SFL)

_____ Branch.

Re: Fixed Deposit in the name of _____(Deceased holder)

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 state that, I/We, the undersigned, are the only legal heirs of the above- named deceased Depositor and confirm that the deceased holder has died intestate. I/We hereby lodge my/our claim for the settlement of deposit amount along with accrued interest lying to the credit of the above-named deceased depositor who died intestate.

Claimant's Full Name	Address	Age	Relationship with Deceased Depositor

In case of Minor:

I, the Guardian state that the deposit proceeds will be utilised only for the benefit of minor.

Name of Minor Claimant	
Name of Guardian of Minor	
Address	
Whether Natural Guardian?	Yes / No
Whether Guardian is appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order.	Yes / No

- I/We submit the following documents. Original certificate duly discharged by claimant or in case of no certificate, indemnity (Annexure XIII) by claimant.
- Death certificate of deceased depositor – ORIGINAL / NOTARISED
- KYC (Address & ID proof) / PAN of claimant with self-attestation – originals to be shown to SFL Branch Staff/SC
- KYC (Address & ID proof) / PAN of all Legal heirs with self-attestation – originals to be shown to SFLBranch Staff/SC
- Signature of claimant to be attested by banker.
- Bank passbook copy / Personalized cancelled cheque leaf of claimant
- Signed Premature closure Quotation/confirmation letter.
- Legal Heir Certificate
- If the total amount of Fixed Deposit Claim is less than Rs.5 lacs, Additional Indemnity Letter (Annexure XIV) with two witness along with KYC (Address & ID proof) / PAN of witness – ORIGINALS to be shown to Branch Staff and self attested copy submitted.
- If the total amount of Fixed Deposit Claim is Rs.5 lacs and above, Succession certificate / Probate / Letters of Administration / Certificate from the controller of the estate – ORIGINALS/Notarised Copy to be obtained.

We request you to pay the deposit amount lying to the credit of the above-named deceased Depositor to Mr./Ms./Mrs. _____on my/our behalf in the below mentioned Bank

Bank Name:

Branch:

Bank A/c Number:

IFS Code:

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

Name of the Claimant Signature

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:

Signature with Stamp:
Name(Branch Head) :
SFL Employee Code:

Date :