Annexure XI

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

Date :_____

From (Nominee's Name & Address)

_____

_____

_____

Mobile No : _____

E-Mail ID :_____

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_____ (Deceased Date).

I (Name of Nominee) _____, (Son/Daughter/Wife/Husband) of Mr/Mrs.

_____ (First Applicant Name) residing at _____

_____

_____(Nominee Address) am the registered nominee in the above deposit.

I hereby request you to settle the balance in the said deposit in my name in the capacity of Nominee. I agree and confirm that I am receiving the premature deposit payment from SFL as trustee(s) of the legal heirs of the deceased depositor i.e. such payment to me/us shall not affect the right of claim which any person may have on deposits of the deceased and there is no court order seeking to restrain SFL from making such payment

I hereby submit the following document(s) together with originals for verification:

- Original certificate discharged by the nominee or in case of no certificate, indemnity (Annexure XIII) submitted by the nominee.
- Death certificate of deceased depositor – ORIGINAL / NOTARISED
- KYC (Address & ID proof) / PAN of Nominee with self-attestation – originals to be shown to SFL Branch Staff/SC.
- Bank passbook copy / Personalized cancelled cheque leaf of Nominee
- Signed Premature closure Quotation/confirmation letter.

I request you to pay the deposit amount lying to the credit of the above-named deceased Depositor to me in the below mentioned bank account provided below.

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 Nominee | Signature

1.

For SFL Office Use

Certified that this Request letter is complete in all aspects & all relevant documents are obtained & Signature of the customer has been verified as per mode of operation.

Signature with Stamp: | Signature with Stamp:

Name (BTL) : | Name (Branch Head) :

SFL Employee code: | SFL Employee code:

Date: _____
