

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

From

Date : _____

(Claimant Name & Address)_____

Mobile No : _____

E-Mail ID : _____

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 _____ (Deceased 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) submitted by the 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 SFL Branch Staff/SC
- Signature of claimant and legal heirs to be attested by banker.
- Bank passbook copy / Personalized cancelled cheque leaf of claimant
- Signed Premature closure Quotation/confirmation letter.
- Legal Heir Certificate.
- A No objection certificate (NOC) signed by all legal heirs in favour of the claimant for the settlement of the claim.
- 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 aspects & all relevant documents are obtained & Signature of the customer has been verified as per mode of operation.

Signature with Stamp:

Name (BTL) :

SFL Employee Code:

Date : _____

Signature with Stamp:

Name(Branch Head) :

SFL Employee Code:
