Annexure X - (A)

Application for Transmission / Name Deletion by Surviving holders
(in case of demise of joint holder)
(To be used for cases with MOP as F/S or A/S)

Date :_____

From (Survivor'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 deceased.

I/We wish to continue the deposit in my/our name with revised mode of operation, mobile number, e-mail id and bank details as furnished below and hence request you to delete the name of deceased person from the Term Deposit and continue the deposit in my /our name(s).

Proposed First Holder Name _____

Proposed Second Holder Name _____

Mode of Operation Singly ☐ b) Former or Survivor/s ☐ c) Any One or Survivor/s ☐

Mobile number _____ E-Mail ID _____

BANK DETAILS:

Bank Name: _____ Bank Branch Name _____

Bank Account Number _____ IFSC _____

Type of Account: Current ☐ Savings ☐ NRO ☐

I/We submit the following documents.

- Original certificate discharged by SURVIVOR/S or in case of no certificate, indemnity (Annexure XIII) submitted by the Survivor/s.
- Death certificate of the deceased depositor/s – 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 the Survivor whose bank account need to be registered as repayment account.
- Form DA3 for change in nomination. ☐ (or) No change in nomination ☐

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief. I/We have read and understood the terms and conditions printed in the FD application form and agree to the terms and condition.

Name of the Survivor	Signature*	Address
1.		
2.		

*** Thumb impression to be attested by two witnesses**

Witness 1 Signature :_____ Witness 2 Signature :_____

Witness Name : _____ Witness Name : _____

Witness Address : _____ Witness Address : _____

_____ _____

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: _____
