

**ADARSH CO-OPERATIVE BANK LTD, SIROHI**

*Annexure-I*

**Claim from nominee to recognize his claim to the  
deposit\*/safety locker\***

Shri/Smt/Kum \_\_\_\_\_ Nominee/appointed on behalf of  
the minor nominee hereby declare that I am the nominee/appointed on behalf of the minor nominee  
of the deceased Shri/Smt. \_\_\_\_\_ further declare that I am  
nominated to claim the deposit monies /articles held \_\_\_\_\_ in safe custody/safety locker  
with \_\_\_\_\_ Branch \_\_\_\_\_ by  
Shri/Smt \_\_\_\_\_ deceased. The deposit monies/  
articles held in safe custody/safety locker are held in Account/Locker No. \_\_\_\_\_  
Safe custody receipt No. \_\_\_\_\_ of  
Shri/Smt. \_\_\_\_\_ deceased.

Shri/Smt. \_\_\_\_\_ Signature \_\_\_\_\_  
Nominee/appointed on behalf of minor nominee) Date \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness:**

- |                                       |                 |
|---------------------------------------|-----------------|
| 1. Magistrate or Judicial Official    | 1. Name _____   |
| Or                                    | Address _____   |
| 2. An officer of the Central or       | _____           |
| Sate Government                       | _____           |
| Or                                    | Signature _____ |
| 3. An Officer of a Bank               | 1. Name _____   |
| Or                                    | Address _____   |
| 4. Twp persons acceptable to the bank | _____           |
|                                       | _____           |
|                                       | Signature _____ |

*(Strike out whichever is not applicable)*

# आदर्श को-ऑपरेटिव बैंक लि.

## प्रधान कार्यालय, सिरौही

आदर्श को-ऑपरेटिव बैंक लि. शाखा.....उत्तराधिकारी प्रमाण पत्र प्रस्तुत करने की आवश्यकता से मुक्ति पाने के लिये

### प्रार्थना पत्र

श्री/श्रीमती.....पुत्र/पत्नि.....  
 आदर्श को-ऑपरेटिव बैंक लि. सिरौही के मृतक सदस्य/खाता धारक..... पुत्र.....  
 .....द्वारा प्राप्त कि सदस्यता क्रमांक/खाता धारक रूपये.....  
 ..... में ..... निवासी(स्थान).....कि/का विधवा/ज्येष्ठ.....  
 ..... हूँ।

मैं एतद्वारा तिथि पूर्वक घोषणा करता हूँ कि उपरोक्त सदस्य/जमा कर्ता ने कोई वसियत नहीं की है प्रार्थना करता हूँ कि मुझे उपयुक्त सदस्यता/जमाओं की शर्तों के अनुसार उत्तराधिकारी प्रमाण प्रस्तुत करने की आवश्यकता से मुक्त कर दिया जाये और मैं एतद्वारा तिथिपूर्वक घोषणा भी करता हूँ कि नीचे लिखे बयान जहां तक मेरी जानकारी और विश्वास से सही है।

1. क. मृतक का पुरा नाम व मृत्यु के समय का पता और व्यवसाय क्या है ?	..... .....
ख. मृतक की जाति और धर्म क्या है ?	..... .....
ग. क्या यह हिन्दु, सिख, जैन या बौद्ध था जिसकी सम्पत्ति का उत्तराधिकारी हिन्दु उत्तराधिकारी अधिनियम 1956 पर आधारित है ?	..... .....
घ. क्या वह मुस्लिम था जिसकी सम्पत्ति का अधिकार मुस्लिम कानून पर आधारित है ?	..... .....
2. उसकी मृत्यु कब और कहां हुई ?	.....
3. क्या उसके द्वारा कोई वसीयत नामा किया था?	.....
4. क्या मृतक ने उपरोक्त सदस्यता/खाता धारक के अन्तर्गत मिलने वाली रकम के अतिरिक्त कोई दूसरी ऐसी सम्पत्ति छोड़ी है जिसके लिये रूपया पाने का अधिकार होने का प्रमाण पत्र जैसे उत्तराधिकारी होने का प्रमाण पत्र सकसेशन (सर्टिफिकेट) आदि प्राप्त कर लिया गया है या प्राप्त किया जाना है	..... ..... ..... .....
ख. क्या मृतक ने पूर्व में बैंक के किसी सदस्य कि ऋण अदायगी की जमानत दे रखी है यदि हां तो उसका नाम एवं सदस्य संख्या	..... ..... .....

5. (अ) क्या मृतक ने अपने पीछे नीचे लिखे संबंधियों में से कोई संबंधि छोड़े है यदि हां तो उनके पुरे नाम और आयु लिखे।

क) पुत्र	पुरा नाम	आयु
	1	
	2	
	3	
	4	

ख) पुत्रियां	पुरा नाम	आयु
	1	
	2	
	3	
	4	

ग) विधवा या विधवाये/विधुर

पुरा नाम	आयु
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घ) माता

ड) पूर्व मृत पुत्रों अर्थात् वे पुत्र जिनकी मृत्यु सदस्य/जमाकर्ता से पहले हो गई है।

च) पूर्व मृत पुत्रियां (अर्थात् वे पुत्रियां जिनकी मृत्यु सदस्य/जमा कर्ता से पहले हो गई हो) के पुत्र व पुत्रियां	
छ) पूर्व मृत पुत्रों के पूर्व मृत पुत्रों (अर्थात् नाती के पुत्र एवं पुत्रियां एवं विधवायें)	
ज) पिता	
झ) भाई	
ट) बहनें	
(अ) यदि ऊपर दिये संबंधियों में से कोई नाबालिग है तो यह बताईये कि नाबालिग किसके साथ रह रहे और इनका भरण पोषण कौन कर रहा है विशेष (हिन्दुओं के लिए) यदि इस प्रपत्र के क्रमांक 5(अ) में उल्लेखित कोई संबंधि गोद लिये गये थे तो उनके बारे में गोद लिये जाने से संबंधित पूरा ब्यौरा दीजिये	
5. (ब) क्या मृतक ने अपने पीछे प्रश्न 5(अ) के उत्तर में दिये गये संबंधियों के कोई ओर संबंधी छोड़े है शेयरस (sharers) रेजीड्युरीस (Residuaries) या डिस्टेन्ट किन्डरड (Distant Kindered) के रूप में यदि हां तो उनका निम्नलिखित विवरण दे।	<p><b>व्यक्ति का पुरा नाम</b></p> <p><b>सदस्य धारक से सम्बन्ध, आयु</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p>नोट:- यह विवरण सिर्फ मुस्लिम सदस्यों के लिये देना जरूरी है।</p>
6. यदि मृतक ने अपने पिछे ऊपर दिये गये संबंधों से कोई भी संबंधि नहीं छोडा है लेकिन कुछ दूर के	



**No Objection Letter**

To,  
The Adarsh Co-operative Bank Ltd.  
\_\_\_\_\_ Branch.

Dear Sir,

I/We understand that Mr./Mrs./Miss \_\_\_\_\_ (Claimant) son/wife/daughter/husband of the late Mr./Mrs. \_\_\_\_\_ resident of \_\_\_\_\_ has claimed as a legal heir of the deceased, the following amounts lying to the credit of the deceased and/or the contents of the locker No. \_\_\_\_\_ lying with the Adarsh Co-operative Bank Ltd. \_\_\_\_\_ Branch:-

1. T.D.R. No(s) \_\_\_\_\_ for Rs. \_\_\_\_\_ due on \_\_\_\_\_
2. S.B. A/c No. \_\_\_\_\_ having credit balance of Rs. \_\_\_\_\_
3. C.D. A/c No. \_\_\_\_\_ having credit balance of Rs. \_\_\_\_\_
4. R.S.D. A/c No. \_\_\_\_\_ having credit balance of Rs. \_\_\_\_\_
5. Contents of locker No. \_\_\_\_\_ having value Rs. \_\_\_\_\_ as on date \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

In respect of the above, I/We \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter/brother/mother/husband of the late Mr./Mrs./Miss \_\_\_\_\_

\_\_\_\_\_ hereby declare that I/We have renounced all interest or share in the proceeds of the aforementioned accounts and/or contents of locker No. \_\_\_\_\_ and have no objection to the refund by the Bank of the proceeds of the aforesaid accounts and/or release of contents of locker to the aforesaid claimant without insisting of Succession Certificate or other legal representation.

Yours Faithfully,

Date \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Relation with  
deceased)

(The signatures of declarer/s should be attested by Ist class Magistrate /Notary Public /Branch Manager if personally known to him. However, Sarpanch/Tehsildar may attest the signatures of the executants on the presence of the Branch Manager who will attest his signature)

**Letter be completed and signed by the surety**

Branch Manager

Adarsh Co-operative Bank Ltd.

Branch.....

I beg to inform you that I am prepared to execute an Indemnity bond in favour of the Adarsh Co-operative Bank Ltd. By Shri/Shrimati..... Resident of..... or the claim under its share money opposites of late Shri/Shrimati.....(Membership No.....) /(account No.....) without insisting on legal evidence of title.

**Consequently I have filled in the questionnaire from given below:-**

- | <b>Question</b>   | <b>Answer</b> |
|---|---------------|
| 1. Are you related to the member/Account holder ?   |               |
| 2. What is your present occupation and permanent Address?                                   |               |
| 3. What is your approximate monthly income and What are its sources?                        |               |
| 4. What property movable or immovable do you process And what is the present value thereof? |               |
| 5. Is the property free from encumbrance?   |               |

I do here be solemnly assure the Adarsh Co-operative Bank Ltd. Branch..... that I have thoroughly understood and correctly answered the above question

Declared at.....the .....day of.....19.....

Witness & counter signed

Signature.....	Signature of the declarant
Name.....	Full Name.....
Address & Seal.....	Father's name of the declarant.....
	Present Address.....

**ADARSH CO-OPERATIVE BANK LTD.**

In consideration of the Adarsh Co-operative Bank Ltd., registered under the Multistate Co-operative societies Act, 2002 having agreed to pay to

\_\_\_\_\_ (Name of all Payees)

\_\_\_\_\_ of \_\_\_\_\_  
(Relationship) (Name of Deceased member/Account holder)

the sum of Rupees \_\_\_\_\_ due under Shares Money/Deposits \_\_\_\_\_ on the Name of \_\_\_\_\_ deceased without recurring production of Probate or letters of Administration or Succession Certificate granted to the estate of \_\_\_\_\_

\_\_\_\_\_ (Name of deceased member/depositor)

We \_\_\_\_\_  
(Name of all payees)

and \_\_\_\_\_ our Heirs, Executors and  
(Name of Surety)

Administrators do hereby agree to keep the said Adarsh Co-operative Bank Ltd, (Branch) \_\_\_\_\_ harmless and indemnified from and against all claims against it on the part of any person or person whomsoever all damages, costs and expenses which the said Adarsh Co-operative Bank Ltd, may sustain or incur in consequence of any such claim or claims.

In witness whereof we the said \_\_\_\_\_  
(Name of Payees)

\_\_\_\_\_ and \_\_\_\_\_ have  
(Name of Surety)

set our hands at \_\_\_\_\_ (Place) this \_\_\_\_\_ (date) day of \_\_\_\_\_ (Months) 19 \_\_\_\_\_ (Year)

\_\_\_\_\_ (Name of all payees in the presence of)

Signed and delivered by the said \_\_\_\_\_  
(Name of all payees in the presence of)

\_\_\_\_\_ and \_\_\_\_\_  
(Name of Surety)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(Signature)

1- Full Signature

Of witness \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

2- Full Signature

Of witness \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Note:- (1) If this bond is signed in Vernacular one of the attesting witness should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution.

(2) Thumb impressions should be attested by a Magistrate or a Gazetted Officer or close Ist Officer or Manager of Adarsh Co-operative Bank Ltd. Provided, he is fully satisfied about the identity of the Party.

(3) To be stamped @0.05% & deposit or Rs. 200 whichever is lower with non judicial revenue stamp.