

Annexure 1. Claim Application Form for Nominee

From,

To,
NSDL Payments Bank Ltd

Dear Sir,

Re: Death of Account holder

I/We hereby inform and confirm you that Mr. / Ms. _____
expired on _____.

He/ She holds the following accounts/ relationships at your Bank –

Account Number	Relationship	Type (Savings Account, PPI, Current Account)

I, _____, son / daughter/ father/ mother of Mr./ Ms. residing at _____
_____am:(i) the registered nominee in the above account(s); **OR**

(ii) the natural guardian of Mr. / Ms. who is the nominee in the above account(s) and is a minor as on the date of this claim. I am authorized to receive payment on his/ her behalf.

Please settle the balance and close the account with accrued interest lying to the credit of deceased in my bank account bearing no. _____ having IFSC code _____. I/we shall receive the payment as trustee(s) of the legal heirs of the deceased. I agree to submit any and all details/documents requested by you any time.

Place:

Date:

Yours faithfully,

(Claimant(s))

Registered & Corporate Office Address:

NSDL Payments Bank Limited

4th Floor, Tower 3, One International Centre, Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013.

CIN: U65900MH2016PLC284869