

**Annexure 2 - Claim Application Form to be obtained from Legal Heirs**

From,

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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 following account(s) at your Bank –

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

I / We lodge my / our claim for the balance with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heirs of the above named deceased and lodge my / our claim for payment as per the bank's rules and discretion. The relevant information about the deceased and the legal heirs are as under.

1. Religion of the deceased: \_\_\_\_\_

2. Details of living claimants, i.e. legal heirs (Refer Clause 14 of the policy):

Full Name	Address	Occupation	Relationship with Deceased	Age

3. Name or Names of the Guardian/s of the minor Children of the Depositor:

(a) Whether Natural Guardian: \_\_\_\_\_

(b) Whether Guardian appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order: \_\_\_\_\_

(c) In whose custody the Minor / Minors is / are? \_\_\_\_\_

I / We submit the following documents. Please return the original death certificate to us after verification:

1. Original Death Certificate or Photocopy of Death Certificate Attested by a Gazette Officer issued by:  
\_\_\_\_\_
2. Original Letter of Indemnity
3. Copy of Succession certificate or Legal Heir Certificate (as per law), letter of administration or probate and obtain any bond of indemnity or surety from the claimant, if applicable.
4. Identity and Address proof of the Claimants

I / We hereby solemnly affirm that the above statements are true and correct to the best of my / our knowledge and belief and request you to please settle the balance and close the account(s) as per the details mentioned in the letter of indemnity.

Place:

Date:

Yours faithfully,

Signature of Claimant(s)

Name of Claimant	Signature
Name of Claimant	Signature

Registered & Corporate Office Address:

NSDL Payments Bank Limited

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

CIN: U65900MH2016PLC284869

