

(Format No 1)

CLAIM FORM FOR DEPOSIT ACCOUNTS TO BE SUBMITTED BY THE NOMINEE

From

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

To  
The Senior/Chief Manager  
Indian Overseas Bank  
Branch:

Dear Sir,

Re: DECEASED DEPOSITOR(S) ACCOUNT

Late Shri/Smt \_\_\_\_\_

Account(s) No(s) \_\_\_\_\_

I/We advise the demise of Shri/Smt \_\_\_\_\_ on \_\_\_\_\_  
He/She holds the above account(s) at your branch. The account(s) is/are in the name(s) of

\_\_\_\_\_  
I/We \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_  
residing at \_\_\_\_\_  
\_\_\_\_\_ am/are

- (iii) the registered nominee(s) in the above account(s)
- (iv) the person authorized to receive payment on behalf of Master/  
Miss \_\_\_\_\_ who is the nominee in the above account(s)  
and is a minor as on the date of this claim.

Please settle the balance in the account in the name of the nominee(s). I receive the payments as trustee(s) of the legal heirs of the deceased.

I submit photocopy of the following document(s) together with originals. Please return the originals to us after verification.

Death certificate issued by \_\_\_\_\_

Identity proof \_\_\_\_\_

Place :

Yours faithfully,

Date :

(Claimant(s))