

(Format No 2)

FORM FOR DELETING THE NAME OF DECEASED DEPOSITOR  
AND TO CONTINUE THE ACCOUNT BY THE SURVIVOR  
(In case of Joint account with survivor clause)

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 request you to delete the name of deceased depositor and continue the  
account(s) in my/our name(s) with same mode of operations.

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))