

**Application for Deceased claim** (To be used for cases other than Nomination / joint account with survivor clause)

To

The Branch Manager  
 DBS Bank  
 \_\_\_\_\_ Branch

**Deceased Account: Late Mr / Ms** \_\_\_\_\_, **Account No(s)** \_\_\_\_\_

Dear Sir,

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

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I/ we 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.

Names in full of the parents of the deceased:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Religion of the deceased: \_\_\_\_\_

Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parcenors with their respective ages.

Sr No.	Name	Address	Occupation	Age	Relationship with deceased
1					
2					
3					
4					
5					
6					
7					
8					

Incase of survivor being minor,

Name of the Children of the Depositor: \_\_\_\_\_

Guardian/s of the minor

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

(b) Whether Guardian appointed by Indian Court\* : \_\_\_\_\_  
*\*attach a certified copy or duly attested copy of such order*

(c) In whose custody the Minor/s are : \_\_\_\_\_

Claimant/s name/s and address in full: \_\_\_\_\_

I/We submit Death Certificate and Letter Indemnity. Please return the original death certificate to us after verification:

We request you to pay the balance amount lying to the credit of the above named deceased to \_\_\_\_\_ on my/our behalf.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Yours faithfully

Sr No.	Name of Claimant	Address	Signature
1			
2			
3			
4			
5			
6			
7			
8			