



# NKGSB Co-operative Bank Limited

Registered Office:- Laxmi Sadan, 361, V.P.Road, Girgaum, Mumbai – 400 004.

## **TRANSMISSION SETTLEMENT**

**(With Nomination)**

Branch : \_\_\_\_\_

Branch Contact No. : \_\_\_\_\_

Transmission Case No.: \_\_\_\_\_

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

Name of Nominee : Mr./ Ms. \_\_\_\_\_

Nominee's Address : \_\_\_\_\_

Nominee's Contact No: \_\_\_\_\_

Nominee's Email Address : \_\_\_\_\_

Transmission of deposit/s of Late Mr. / Ms: \_\_\_\_\_

Customer ID No.: \_\_\_\_\_

1. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
2. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
3. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_

## Guidelines for Documentation of Transmission Claim

### ■ Guidelines for Applicant/ Nominee:

- I. Application For Transmission of Deposits to Nominee (Page 3):**
- Nominee to dully fill and sign (full signature) Form I
  - In case nominee is minor please fill Para 2 of this Form I
- II. Full and Final Settlement Letter (Page 4& 5):**
- Nominee to acknowledge receipt of full & final settlement amount by signing on page 4 & 5
  - In case Nominee is Minor declaration part to be filled and signed.
- III. Documents to be attached with Transmission Claim (Photo copies duly attested by Branch officials):**
- 1. Death Certificate ( Photocopy certified by Gazetted Officer/SEM/Branch Manager)**
- 2. KYC's for Identity proof (Any One)**
- (a) Passport  (b) PAN Card  (c) Driving License  (d) Photo credit card along with latest billing statement
  - (e) Original letter of introduction from existing banker  (f) Job card issued by NREGA  (g) Pension book issued by Home Ministry of Government containing name, address, validity period & photograph of applicant
  - (h) Authenticated True Copy of Marriage Certificate, in case of married women, if identity proof is in maiden name.
- 3. KYC's for Address proof (Any One)**
- (a) Latest Electricity Bill  (b) Latest Telephone Bill  (c) Latest Premium receipt from Life Insurance Co.
  - (d) Consumer gas connection card / book  (e) Latest Income Tax / Wealth Tax assessment Order  (f) Last statement of accounts from credit card issuing company  (g) Certificate from Ward Officer maintaining Election roll, certifying address of the applicant  (h) A letter from a reputed employer certifying the residential address of the employee as recorded in their books  (I) Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar No.

### ■ Guidelines for Bank Officials:

- I. Transmission Claim Index (Page 1):**
- To be filled by Branch officials
- II. Application For Transmission of Deposits to Nominee (Page 3):**
- Branch officials to ensure that Application Form is completely filled and signed by Nominee.
  - Branch officials to provide acknowledgment receipt attached to the Application to Nominee.
- III. Checklist of Transmission Claim (Page 4):**
- To be duly filled by Branch officials while sending Transmission Claim to Legal Department for approval.
  - To obtain all the documents as per Checklist of the Documents.
  - To attach Account Opening Forms and / or FDR Receipts. (By Branch Officials)
  - To verify all the documents with Originals
  - To fill Checklist of document and attach with the claim.
  - It is mandatory to obtain and attach all the KYC's of Nominee with Transmission Claim even if Nominee is existing customer of our Bank.
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- IV. Full & Final Settlement Letter (Page 5 & 6):**
- Page 5 & 6 to be signed by Branch Manager and to handover the page 5 to Nominee alongwith full and final settlement amount and branch officials to obtain signature of Nominee for receipt of full settlement amount on Page 5 & 6 and retain page 5 for Bank's record.
  - To ensure Declaration part is filled and signed in case Nominee is Minor.

## Application For Transmission of Deposits to Nominee

To,  
The Branch Manager  
NKGSB Co-Operative Bank Ltd,  
\_\_\_\_\_ Branch

Sir/ Madam,

Subject: Transmission of deposits of Late Mr. / Ms. \_\_\_\_\_

1. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
2. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
3. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_

I regret to inform you the sad demise of Mr. / Ms. \_\_\_\_\_  
on \_\_\_\_\_.

I, \_\_\_\_\_, \_\_\_\_\_ (relation) of Mr. / Ms. \_\_\_\_\_  
\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ contact no. \_\_\_\_\_

am the registered nominee for claiming the amounts lying in captioned account/s. I request you to settle the balance of the captioned account/s in the name of the nominee by way of \_\_\_\_\_  
\_\_\_\_\_ (mode of payment)

### **In case of Minor Nominee:**

I, Mr. / Ms. \_\_\_\_\_, the person authorized to receive payment on behalf of Master / Miss \_\_\_\_\_ who is the minor nominee as on the date of this claim as aforesaid.

Place:

Yours faithfully,

Date:

(Nominee/ Guardian)

Enclosure: 1. Death Certificate (Certified Copy)

2. KYC's – Identity Proof \_\_\_\_\_
3. KYC's – Address Proof \_\_\_\_\_

Page 3

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(Tear Off)  
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### **Customer Copy**

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

Name of Nominee : Mr./ Ms. \_\_\_\_\_

Transmission of deposit/s of Late Mr. / Ms. \_\_\_\_\_

1. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
2. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_
3. \_\_\_\_\_ Account No. \_\_\_\_\_ Face Value Rs. \_\_\_\_\_

Branch : \_\_\_\_\_ Received Date : \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Authorized Officer (Receiver)

**CHECKLIST OF TRANSMISSION CLAIM**

Name of Branch \_\_\_\_\_

NAME OF ACCOUNT HOLDER	Late Mr. / Ms.
DATE OF DEATH	
NATURE OF ACCOUNT	1) _____ Account No. _____ Balance as on _____ (Date) Rs. _____ 2) _____ Account No. _____ Balance as on _____ (Date) Rs. _____ 3) _____ Account No. _____ Balance as on _____ (Date) Rs. _____
NAME OF NOMINEE & RELATION WITH ACCOUNT HOLDER	
NOMINEE AS PER RECORDS	
REQUEST OF THE NOMINEE	
BRANCH RECOMMENDATION	

**LIST OF DOCUMENTS FURNISHED**

**CHECKER'S CHCKLIST**

	Particular	Documents Attached Yes/ No	Original Verified by Branch	Documents Attached Yes/ No	Original Verified by Branch	Remarks
1.	<b>Application Form</b>					
2.	<b>Receipt</b> Signed across Revenue Stamp					
3.	<b>Death Certificate</b>					
4.	<b>Account Opening Form / Term Deposit Receipt</b>					
5.	<b>KYC Proofs -</b> <b>a. Identity Proof</b> _____ <b>b. Address Proof</b> _____					

\_\_\_\_\_ (NAME & SIGNATURE)  
OFFICER

\_\_\_\_\_ (NAME & SIGNATURE)  
MANAGER

Transmission Case No. \_\_\_\_\_ Date \_\_\_\_\_

1. Pay to Nominee
  2. Clarification as below
- Approved / Returned / Rejected

\_\_\_\_\_  
Authorized Signatories

**Full & Final Settlement Letter**

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

To,

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

Subject: Transmission of deposits of Late Mr. / Ms. \_\_\_\_\_

- 1. \_\_\_\_\_ Account No. \_\_\_\_\_ Settlement Amount Rs. \_\_\_\_\_
- 2. \_\_\_\_\_ Account No. \_\_\_\_\_ Settlement Amount Rs. \_\_\_\_\_
- 3. \_\_\_\_\_ Account No. \_\_\_\_\_ Settlement Amount Rs. \_\_\_\_\_

Respected Sir / Madam,

We condole the passing away of Mr./ Ms. \_\_\_\_\_ Please accept our heartfelt sympathy.

Pursuant to the claim; we are making full and final settlement of amount/s lying in captioned account/s, and the Bank is fully discharged of its liabilities upon such payment.

(1) Aggregate amount of Rs. \_\_\_\_\_ is /will be credited to Saving Account No. \_\_\_\_\_ of Mr/Ms. \_\_\_\_\_ on \_\_\_\_\_ (date).

(2) Pay Order/Cheque/ DD/ RTGS/NEFT No. \_\_\_\_\_ dated \_\_\_\_\_ aggregate amount of Rs. \_\_\_\_\_ has been issued in favour of Mr./ Ms. \_\_\_\_\_.

Please note that payment of aggregate amount of Rs. \_\_\_\_\_ is full and final settlement of your claim towards captioned account/s and nothing remains due and payable by us to you or to any person under any noman clature whatsoever and

Late Mr./ Ms. \_\_\_\_\_ was our esteemed customer and we request you to continue the relationship forward.

Thanking You,  
For NKGsb Co-operative Bank Limited

Authorized Signatory

\_\_\_\_\_ Branch,(Address) \_\_\_\_\_

**ACKNOWLEDGMENT :**

**I hereby confirm and acknowledge that, I am in receipt of above mentioned Payment as specified above.**

**DECLARATION in case funds are settled in favour of a Minor**

I, \_\_\_\_\_ father/ mother and natural guardian of Master / Miss \_\_\_\_\_ (nominee) hereby confirm the receipt of payment as specified above towards above mentioned account/s. and declare that it shall be utilized for the benefit of the minor only.

Place:

Date:

\_\_\_\_\_  
(Name & signature of Nominee)