



TRANSMISSION SETTLEMENT

(Without Nomination)

Branch : _____

Branch Contact No. : _____

Transmission Case No.: _____

Date : _____

Name of Claimant : Mr./ Ms. _____

Claimant's Address : _____

Claimant's Contact No: _____

Claimant'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 Settlement

■ Guidelines for Claimant:

- I. Application For Transmission of Deposits to Claimant (Page 3 & 4):**
- Claimant to dully fill and sign (full signature) the Application For Transmission of Deposits to Claimant.
 - To give details of all living / legal heirs of deceased person.
 - To obtained signatures of all living / legal heirs of deceased person.
 - Attestation to be obtained from any Gazetted Officer, Magistrate, by Claimant.
- II. Letter of Indemnity (Page 5 & 6):**
- To be executed (in the format provided by Bank) and signed by all the Claimants and all living / legal heirs of deceased person on each page (full signature)
 - To be duly stamped for Rs. 200/-
 - To be also executed and signed by Two Sureties.
 - To be witnessed by two person (Name & Full Signature).
- III. Full and Final Settlement Letter (Page 9 & 10):**
- Claimant to acknowledge receipt of full & final settlement amount by signing on page 9 & 10
 - In case Claimant is Minor declaration part to be filled and signed.
- IV. Documents to be attached with Transmission Settlement (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 Claimant (Page 3 & 4):**
- Branch officials to ensure that Application Form is completely filled and signed by Claimant and all legal heirs of deceased person.
 - Branch officials to ensure that Attestation from any Gazetted Officer, Magistrate has obtained.
 - Branch officials to provide acknowledgment receipt attached to the Application to Claimant.
- III. Letter of Indemnity (Page 5 & 6):**
- Branch officials to ensure that Letter of Indemnity is executed and signed by all the Claimants, all living / legal heirs of deceased person and one / two Surety/ies (full signature on each page) in the format provided by Bank and same has stamped for Rs. 200/- and to ensure that signature of two witnesses has obtained.
- IV. Inspection Report (Page 7):**
- Bank officials to compulsory take inspection for authenticity of claim and to fill Inspection Report
- V. Checklist of Transmission Claim (Page 8):**
- 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 Claimant with Transmission Claim even if Claimant is existing customer of our Bank.
- VI. Full & Final Settlement Letter (Page 9 & 10):**
- Page 9 & 10 to be signed by Branch Manager and to handover the page 9 to Claimant alongwith full and final settlement amount and branch officials to obtain signature of Claimant for receipt of full settlement amount on Page 9 & 10 and retain page 10 for Bank's record.
 - To ensure Declaration part is filled and signed in case Claimant is Minor.

Application For Transmission of Deposits to Claimant/s

To,
 The Branch Manager
 NKGSB Co-Operative Bank Ltd,
 _____ Branch

Sir/ Madam,

Subject: Transmission of deposits of Late Mr. / Ms. _____

1. _____ Account No. _____ Amounting to Rs. _____
2. _____ Account No. _____ Amounting to Rs. _____
3. _____ Account No. _____ Amounting to Rs. _____

I / We regret to inform you the sad demise of Mr. / Ms. _____ on _____.

I, _____ (Claimant), _____ (relation) of Late Mr. / Ms. _____
 residing at _____

_____ contact no. _____, I / We lodge my / our claim for the amount/s lying in the captioned account/s of Late Mr./ Ms. _____, who died intestate. I / we declare that, I am/ we are the only legal heir/s of Late Mr./ Ms. _____ and lodge my/our claim for payment as per the Bank's rules and discretion. We request you to settle the balance of the captioned account/s in the name of Mr./Ms. _____ by way of _____ (mode of payment)

The relevant required information about the Legal Heirs of Late Mr./ Ms. _____ as under.

I] Details of living / legal heirs (i) Spouse (ii) Children (iii) Father (iv) Mother (v) Brothers (vi) Sisters (vii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

	Full Name	Address	Occupation	Relationship with Account Holder	Age
1)					
2)					
3)					
4)					

Customer Copy

Application Date : _____
 Name of Nominee : Mr./ Ms. _____
 Transmission of deposit/s of Late Mr. / Ms. _____
 1. _____ Account No. _____ Amounting to Rs. _____
 2. _____ Account No. _____ Amounting to Rs. _____
 3. _____ Account No. _____ Amounting to Rs. _____
 Branch : _____ Received Date : _____

 Name & Signature of Bank Official (Receiver)

II] Name/s 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/s is / are? _____

I/we declare that, I/we have no objection to pay the balance amount/s lying in the captioned account/s of Late Mr. / Ms. _____ to Mr. / Ms. _____ on my/our behalf as my/our trustee.

I/We hereby solemnly affirm that all the facts, statements, stated hereinabove are true and correct to the best of my/our knowledge and belief.

Place:

Yours faithfully,

Date :

x
Signature of Claimant/s

Name of /Legal Heir/s

Signature

1) _____

x

2) _____

x

3) _____

x

Enclosure: 1. Death Certificate (Certified Copy)

2. KYC's - Identity Proof _____

3. KYC's - Address Proof _____

Attestation:

I _____ (name), _____ (designation) residing at _____

hereby confirm that I personally know the claimant/s detailed above and confirm the facts stated hereinabove and details of legal heirs given are true and correct to the best of my knowledge and belief. I further confirm that legal heirs stated above are the only legal heirs of Late Mr./Ms. _____ .

Place:

Date:

x

(Signature & Stamp)

**LETTER OF INDEMNITY WITH RESPECT TO TRANSMISSION OF DEPOSITS TO CLAIMANT/S
WITHOUT PRODUCTION OF LEGAL REPRESENTATION**

To,
The Branch Manager,
NKGSB Co-Operative Bank Ltd.,
_____Branch

I] Claimant/s :

IN CONSIDERATION of your paying or agreeing to pay me/us (claimant/s),

- 1) _____(Name) ____ (Age) residing at _____
- 2) _____(Name) ____ (Age) residing at _____
- 3) _____(Name) ____ (Age) residing at _____
- 4) _____(Name) ____ (Age) residing at _____

Towards full and final settlement of Transmission of deposits of Late Mr. / Ms. _____ of

1. _____ Account No. _____ Amounting to Rs. _____
2. _____ Account No. _____ Amounting to Rs. _____
3. _____ Account No. _____ Amounting to Rs. _____

The aggregate amount of Rs. _____ /-Rupees _____ since deceased, without production of Letters of Administration or Will or a Succession Certificate to his/her estate or a Certificate from the Controller of Estate Duly to the effect that estate duly has been paid or will be paid or none is due I/we do hereby for myself/ourselves and my/our heirs, legal representatives executors and administrators, jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assign against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

I/we declare that, I am/ we are the only legal heir/s of Late Mr./ Ms. _____ and I/we have no objection to pay above mentioned aggregate amount of Rs. _____ /- to Mr. / Ms. _____ on my/our behalf as my/our trustee.

I/We hereby declare that all the facts, statements, stated in Application For Transmission of Deposits to Claimant/s dated _____ are true and correct.

II] Surety/ies :

Pursuant to the full and final settlement of amount/s lying in captioned account/s, I/we _____ (name of first Surety), ____ age, residing at _____ and _____(name of second Surety), ____ age, residing at _____

do hereby declare and confirm that I/we personally know the claimant/s detailed above and confirm the facts stated and details of legal heirs given in Application For Transmission of Deposits to Claimant/s dated _____ are true and correct to the best of my knowledge and belief. I/we further confirm that legal heirs stated above are the only legal heirs of Late Mr./Ms. _____.

Further, I/we do hereby guarantee and undertake to pay to you and your successors and assigns, all the claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/or paying the said sum as aforesaid to the aforesaid Claimant/s, legal heirs under the aforesaid indemnity. I/We agree and confirm that the bank shall have the right to claim the amount from me/us as surety before / without claiming the entire amount from the aforesaid Claimant/s, legal heirs and that the liability of each one of us as the surety/ies shall be that of principal debtors to the bank.

IN WITNESS WHEREOF THIS INDEMNITY BOND HAS BEEN SIGNED AND EXECUTED BY THE PARTIES ON THIS _____ DAY OF _____ 20 _____ BY THE ABOVE NAMED WRITTEN.

SIGNED AND DELIVERED

By the above named

- 1. _____ X
- 2. _____ X
- 3. _____ X

(All Legal heirs /claimants of the deceased)

SIGNED AND DELIVERED by the above named surety on this ____ day of _____ 20____ at _____.

x

(Signature)

x

(Signature)

In the presence of:

Witness:

- 1) _____ (Name) _____
- 2) _____ (Name) _____

INSPECTION REPORT

Branch : _____

Transmission Case No.: _____ **Application Date:** _____

Name of Claimant : Mr./ Ms. _____

Claimant's Address : _____

Claimant's Contact No: _____ **and 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. _____

Details of Person met and finding about authenticity of claim.

I] Name: _____

Address: _____

II] Name: _____

Address: _____

Date of Inspection: _____

Inspection done by: _____

Bank Officials Observations & Recommendation: _____

x

Signature of the Bank Official

x

Signature of the Branch Manager

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 CLAIMANT & RELATION WITH ACCOUNT HOLDER	
NOMINIEE AS PER RECORDS	
REQUEST OF THE CLAIMANT	
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
	Branch Official		Legal Department		
1. Application Form Signed by all Legal Heirs Attestation obtained					
2. Letter of Indemnity Stamped Signed by all Legal Heirs Signed by Surety/ies Signed by Witness (Two)					
3. Death Certificate					
4. Account Opening Form / Term Deposit Receipt					
5. KYC Proofs - a. Identity Proof _____ b. Address Proof _____					

_____ (NAME & SIGNATURE)
OFFICER

_____ (NAME & SIGNATURE)
MANAGER

Transmission Case No. _____ Date _____

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

Authorized Signatory



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 other person.

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) _____



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. _____
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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 _____ (claimant) 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:

x

(Name & signature of Claimant)

