

## **Application for Deceased claim**

(To be used when account has nomination or is a joint account with survivor clause) From To The Branch Manager Shinhan Bank, \_\_\_\_\_ Branch Dear Sir, Re: Deceased Account Late Mr. / Mrs. \_\_\_\_\_\_ A/c No\_\_\_\_\_ I/We advise the demise of Mr. / Mrs. \_\_\_\_\_\_ on \_\_\_\_\_. He/ She holds the above account(s) at your branch. The account is in the name of \_\_\_\_\_\_. A. In case of Nomination: I, \_\_\_\_\_ son / daughter of Mr. \_\_\_\_\_ residing at \_\_\_\_\_\_, am (i) the registered nominee in the above account(s) (ii) the person authorized to receive payment on behalf of Master / Miss \_\_\_\_\_ who is the nominee in the above account(s) and is minor as on the date of this claim. Please settle the balance in the account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heirs of the deceased. B. In the case of Joint Account: I/We request you to delete the name of deceased person and continue the account in my/our name(s) with same mode of operations. I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification. Death Certificate issued by \_\_\_\_\_ Identity proof (required in nomination cases) Place: Yours faithfully, Date:

Claimant(s)



2) Letter of indemnity

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

			From:	
Shinhar	anch Manager, n Bank, Brancl	٦.		
Dear Si Rega	•	ount of Late Mr. /	MrsAccoun	t No(s)
account I/We loo decease our clai and the 1)	t(s) at your branch. Indge my/our claim for ed who died intestat m for payment as pere legal heirs are as ur Name in full of Mother	The account(s) is or the balances we. I/We am / are the bank's rules der. the parents der. Husband (ii) wife	on	credit of the above named d deceased and lodge my / mation about the deceased  er (vi) Brothers (vii) Sisters
Ful	ll Name / Address	Occupation	Relationship with the deceased	Age
5) (i) (ii) (iii)	a) whether natur b) Whether guard attested copy of c) In whose custo Claimant/s name/s	al guardian dian appointed by of such order ody the Minor / M and address in fu	ıll	ach a certified copy or duly
			se return the original death certifice opposes the comment of the	



	alance amount lying to the cre on my/our behalf.	edit of the above named deceased to
I/We solemnly affirm that the aband belief.	pove statements are true and co	orrect to the best of my/ our knowledge
Place: Date:	thfully, re of the claimant(s)	
Name of Claimant	Address	Signature



## Declaration in case funds are settled in favor of a Minor

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com	peten	t autl	hority of <b><nar< b=""></nar<></b>	ne of	mino	<b>'</b> >			hereby certify	that the proceed	s o
your Banker's Cheque No				dated		fa\	oring	issued			
by	you	in	settlement	of	the	balance	in	account	number		0
late				w	ill be u	tilized for t	he be	enefit of the	e minor only.		
Plac	e:										
Date	e:										
										Signature	