

**FORM NO. CD-16**

**ADDRESS:** .....

.....

.....

To,  
The Nawanagar Co-operative Bank Ltd.,  
Jamnagar.

Dear Sirs,

Re.: (Full Name of the Deceased)

.....

I / We regret to inform you that .....  
Who was having an account with your \_\_\_\_\_ office  
died at \*\* this should be \_\_\_\_\_ on \_\_\_\_\_, intestate  
leaving retained if party behind the within mentioned persons as the only  
surviving has died Intestate. Legal heirs according to the Law of Intes Tate  
Succession applicable to \_\_\_\_\_ by which law he was governed  
at the time of his/her death.

\*\* This should be leaving his last will and Testament/Codicil/s dated  
Retained if party \_\_\_\_\_ whereof we \_\_\_\_\_ are  
has  
Died leaving the executors.  
A Will and/or  
Codicil/s.

I/We beg to give here below the information required by you and shall thank  
you to pay the balance amount to \_\_\_\_\_ on my/our  
behalf, without insisting upon production of legal representation to the  
estate of the deceased.

1. Full Title of the Account: \_\_\_\_\_
2. Nature of the Account: Viz, Current, \_\_\_\_\_  
Savings, Fixed Deposit, Cash Certificates  
With Numbers: \_\_\_\_\_
3. Due Date of Deposit: \_\_\_\_\_
4. Amount Claimed: \_\_\_\_\_
5. (A) Document in proof of deposit (Pass Book, \_\_\_\_\_  
Deposit Receipt, etc.)
- (b) Whether document is in the possession of \_\_\_\_\_  
The claimant? If not, why not? Where \_\_\_\_\_  
is it? \_\_\_\_\_

\* Delete whichever is not applicable.

	Value
6. Other Assets left by the deceased	
Immovable Property:	Rs. _____
Shares and Securities:	Rs. _____
Investment in business:	Rs. _____
Other Assets:	Rs. _____
Total value of all the properties of the Deceased	Rs. _____

7. (A) has the deceased left any Will/Codicil/s? \_\_\_\_\_
- (b) Executors/Beneficiaries under the Will/  
Codicil/s of the deceased. \_\_\_\_\_

	Full Name and Address	Occupation	Relationship with Deceased	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**8. Documents enclosed for registration and return:  
(Please furnish Originals)**

- (a) Municipal Death Certificate: \_\_\_\_\_
- (b) Pass Book, Deposit Receipt. etc.: \_\_\_\_\_
- (c) Will/Codicil/s: \_\_\_\_\_

**9. Religion of Depositor:** \_\_\_\_\_

**10. Permanent residence of Depositor:** \_\_\_\_\_  
\_\_\_\_\_

**11. Details of Heirs-Husband/Wife/Children/Parents/Brothers/Sisters. If Hindu Joint Family the names and address of Karta and Co-larceners with their Respective ages.**

Full Name/ Address	Occupation	Relationship with deceased	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

**12. Is the amount claimed self-acquired?  
Or ancestral property of the deceased:** \_\_\_\_\_

**13. Name or Names of the Guardian  
Of the minor children of the Depositor:** \_\_\_\_\_

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

(b) Whether Guardian appointed by a Court  
Or Law in India. If so, attach a certified  
Copy or duly attested copy of such order: \_\_\_\_\_

(c) In whose custody the Minor/Minors is/are? : \_\_\_\_\_

**14. Claimant's own name, parentage religion and address in full:**

- i) \_\_\_\_\_
- ii) \_\_\_\_\_
- iii) \_\_\_\_\_

**15. Proof of claimant's title to the monies**

**16. Are there any other claimants? If so, their names, Particulars and nature of claim:** \_\_\_\_\_

**17. The following two persons have agreed to sign the Indemnity Bond as Sureties.-**

Full Name	Address	Occupation	Banker's Name
i) _____	_____	_____	_____
ii) _____	_____	_____	_____

**I/We hereby solemnly affirm that the above statements are true that none of them nor any part of any of them is false and that nothing has been concealed therein and that I am/we are the**

**\*\* Only executors and beneficiaries competent to contract Heir and legal representative(s) of the deceased**

**And except as stated in 16 above there is no other claimant to the Amount mentioned hereinabove.**

**Yours Faithfully,**

**Signature of Claimant(s)**

- Encl: 1) Pass Book**  
**2) Death Certificate**  
**3) Unused Cheques**  
**4) Will/Codicil/s**

