Application for Deceased Claim (To be used when Locker has nomination)

	·		Date :
From			
		-	
Contact No.	·	-	
То			
The Branch N	•		
	an Co-Operative Bank LtdBranch		
Dear Sir,			
Locker of L	.ate Mr. / Mrs		
Locker No.	/s		
I the undersi	gned intimate the sad demis	e of Mr/Ms	
		ove Locker at your branch. The L	
O11	They sine floids the abo	ve Locker at your branch. The L	cocker is in the name(s) of
l,		(Relationship with dece	ased) of Late
Mr/ Ms		_residing at	am
□ The	registered nominee in the abo	ove Locker.	
□ The	person authorized to receive	the contents of locker on behalf	of Master / Miss
			who is the nominee in the
abov	e Locker and is a minor as on	the date of this claim.	
	to allow the access to the co rustee(s) of the legal heir(s) o	ntents of said locker to the non	ninee. I confirm to receive the
•	omit photocopy of the follows after verification.	wing document(s) together wit	th originals. Please return the
Deat	h Certificate dated :	issued by :	

I hereby solemnly affirm that the above statements are true and correct t	to the best of my knowledge
and belief.	
Place:	
Date:	
	Yours faithfully,
Signature of Claiman	nt
Name & Address of _	
(Claimant/ Appointee_	
In case of Nominee is Minor)_	
======================================	
Remarks of Officer/ Manager	
Deceased Claim application of Deceased Locker holder Late Mr/ Ms	
submitted by Nominee Mr/ Ms.	is
approved and the contents of locker No were handed as per en	closed inventory.
Date :	
Place:	Branch Manager