

**Application for Deceased Claim (by Co-holder)**  
 (To be used when Locker is with joint name with survivor clause)

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

**From**

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

Contact No. \_\_\_\_\_

**To**

The Branch Manager  
 The Goa Urban Co-Operative Bank Ltd.  
 \_\_\_\_\_ Branch

Dear Sir,

**Account of Late Mr. / Mrs.** \_\_\_\_\_

**Account No. / s** \_\_\_\_\_

I the undersigned intimate the sad demise of Mr/ Mrs. \_\_\_\_\_  
 on \_\_\_\_\_. He/She holds the above Locker at your branch. The Locker is in the name(s) of \_\_\_\_\_.

As I / We are the co-holders of the said Locker.

- I/We Request you to delete the name of deceased person and continue the Locker in my / our name(s) with the following mode of operations.  
 Mode of operations: \_\_\_\_\_
- I/We hereby surrender the Locker after deletion of name of the deceased. I/We receive the contents of locker as trustee(s) of the legal heir(s) of the deceased.

I/ We submit the declaration as per Annexure II.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate dated : \_\_\_\_\_ issued by : \_\_\_\_\_  
 Identity Proof of Claimant/s: \_\_\_\_\_

I / We hereby solemnly affirm that the above statements are true and correct to the best of my/ our knowledge and belief.

Place:

Date:

Yours faithfully,

Signature of Claimant/s \_\_\_\_\_

(Name & Address of \_\_\_\_\_

Claimant/s) \_\_\_\_\_

\_\_\_\_\_

===== For Bank use =====

Remarks of Officer/ Manager

Deceased Claim application of Deceased Locker hirer Late Mr/ Ms. \_\_\_\_\_  
submitted by Co-holder Mr/ Ms. \_\_\_\_\_ is  
approved and the same is sanctioned as above and Nomination obtained.

Date :

Place :

**Branch Manager**