Application for Deceased Claim (To be used when Locker is with joint name without survivor clause & Nomination)

From	Date :
Contact No.	
То	
The Branch Manager The Goa Urban Co-Operative Bank Lto Branch	d.
Dear Sir,	
Locker of Late Mr. / Mrs	
Locker No. / s	
I/We the undersigned intimate the s	ad demise of Mr/Ms
on	He/She holds the above Locker at your branch. The Locker
is in the name(s) of	
l,	(Relationship with deceased) of Late
Mr/ Ms	residing at am
The registered nominee in the above	Locker along with surviving hirers Mr/ Ms
	e contents of said locker to the surviving hirer along with nominee .
I/ we confirm to receive the contents	as trustee(s) of the legal heir(s) of the deceased.
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I/We hereby 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 knowledge and belief.

Place:

Date:

Yours faithfully,

Signature of Claimant (s)
Name & Address of
(Claimant/ Appointee
In case of Nominee is Minor)
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Remarks of Officer/ Manager
Deceased Claim application of Deceased Locker holder Late Mr/ Ms
submitted by Surviving hirer(s) Mr/ Ms
and Nominee Mr/ Ms is approved and the
contents of locker No were handed as per enclosed inventory.

Date :

Place :

Branch Manager