

Type of a/c _____ Account No _____ Otg. Balance _____

b) In case of Term Deposit :

Date of deposit _____ Due date _____ Amount _____

3. Particulars of legal heirs :

Sl	Name	Father's/Husband's Name	Address	Age	Relationship with deceased

a) Is mother of the deceased alive?

Yes/No

b) If yes, mention her name, age & address :

4. Particulars of the Sureties :

Sl	Name	Address	Age	Occupation	Net Worth

5. a) Has the depositor left any will?

Yes/No

b) Has any executor been appointed under the same?

Yes/No

I/We declare that the above information are true and correct.

Yours faithfully,

Date :

Place :

(Signature of claimants)

We declare that the information given above are true and correct to the best of our knowledge and the signature(s) of the claimant(s) is/are attested.

1. Signature _____ 1. Signature _____

2. Name _____ 2. Name _____

3. Address _____ 3. Address _____

4. Occupation _____ 4. Occupation _____

LETTER OF INDEMNITY

(In respect of payment of balance in the account of the deceased constituent without production of legal representation) .

To
The Branch manager
Tripura Gramin Bank
_____ Branch

IN CONSIDERATION OF your agreeing to pay me/us
(Insert the names of the heirs of the deceased)

The sum of Rs. _____ (Rupees _____)
only standing at the credit of (insert the type of account) _____ account
number _____ with your Branch in the name of (insert the name of
deceased) _____ since deceased without production of a succession
certificate to his/her estate.

I/We (insert the names of the heirs of the deceased)

And we (insert the names of the sureties)

do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally UNDERTAKE AND AGREE to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay or paying me/us the said sum as aforesaid.

Signed and delivered by the above named heirs

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

On the _____ day of _____ two thousand and _____

Signed and delivered by the above named sureties:

- | | |
|----|----|
| 1. | 2. |
|----|----|

On the _____ day of _____ two thousand _____

Statement of assets and liabilities of the Sureties

Name of surety :
 Father's/Husband's Name :
 Address (Office/Business) :

Address (Residence) :

Age :
 Occupation :

ASSETS :

Cash balance: Rs.
 Bank balance.....: Rs.
 Investment (if any).....: Rs.
 Provident Fund (if any).....: Rs.
 Other moveable assets.....: Rs.
 Immovable assets Area _____ Khatian No _____
 Dag No _____ Mouja _____ Holding No _____
 Value Rs. _____

LIABILITIES :

Loan with Employer.....Rs.
 Loan with Banks..... Rs.
 Other liabilities..... Rs.

I do hereby declare that the above information are correct to the best of my knowledge and belief and furnished in connection with my standing as surety for payment of balance in deposit account of the deceased .

Signature of the Surety

Statement of assets and liabilities of the Sureties

Name of surety :
 Father's/Husband's Name :
 Address (Office/Business) :

Address (Residence) :

Age :
 Occupation :

ASSETS :

Cash balance: Rs.
 Bank balance.....: Rs.
 Investment (if any).....: Rs.
 Provident Fund (if any).....: Rs.
 Other moveable assets.....: Rs.
 Immovable assets Area_____ Khatian No_____
 Dag No_____ Mouja_____ Holding No_____
 Value Rs. _____

LIABILITIES :

Loan with Employer.....Rs.
 Loan with Banks..... Rs.
 Other liabilities..... Rs.

I do hereby declare that the above information are correct to the best of my knowledge and belief and furnished in connection with my standing as surety for payment of balance in deposit account of the deceased .

Signature of the Surety

AFFIDAVIT BY THE CLAIMANTS

Affidavit of 1) _____ 2) _____

3) _____ by occupation 1) _____ 2) _____

3) _____ by caste _____ residing at 1) _____

2) _____ 3) _____ respectively solemnly affirm and state that _____ (herein after referred to as deceased) died intestate at _____ on _____ vide death certificate dated _____ issued by _____ (name of the authority) leaving behind :

- 1)
- 2)
- 3)
- 4)
- 5)

(Names of all the survivors including widow and unmarried daughters, if any, the ages of minors to be given) as his sole heirs and legal representatives.

I/we solemnly affirm and state that the sum of Rs. _____ (Rupees _____ only) in deposit with Tripura Gramin Bank _____ Branch in the name of the said deceased in respect of _____ (nature and number of the account) have developed upon the aforesaid heirs and representatives upon the death of the said deceased and I/we solemnly affirm and state that there is none else besides me/us who is/are entitled to the aforesaid sum of Rs. _____ (Rupees _____ only) now held in the said account with Tripura Gramin Bank _____ Branch.

I/we solemnly affirm and state that all the facts given by me/us in the claim form to Tripura Gramin Bank _____ Branch and signed by me/us on _____ are true and correct.

The above deponent(s) duly identified by me solemnly state and affirm that this declaration made by me/us is/are true and that I/we have not concealed anything and no part of it is false.

Identified by me
(Advocate)

Deponent(s)

LETTER OF DISCLAIM

To
The Branch Manager
Tripura Gramin Bank

Date _____

_____ Branch

Dear Sir,

Type of Account _____ No. _____ in
the name of _____ (deceased)
due on _____ (in case of Term Deposit)

With reference to the above mentioned account, I/we, the following legal heirs of Late _____ (insert the name of the deceased) have to advise that I/we have no interest in the above assets and I/we have no objection to your paying the balance amount lying in the above account in the name of the aforesaid Late _____ (insert the name of the deceased) to Sri/Smt _____. It will be completely binding on me/us and I/we will never raise any question on the Bank's action on payment of the proceeds of the above mentioned account in terms of this letter. I/we also undertake to bind ourselves, our legal heirs and legal representatives not to revoke the declaration made therein.

Sl No	Name of the Claimant	Age	Signature

Signed before me this _____ day of _____ 20

Notary Public/Magistrate
(With Seal)

(Legal heirs who execute this letter should join the Indemnity Bond if they do not relinquish the right to receive the assets of the deceased.)

LETTER OF RELINQUISHMENT

The Branch Manager
Tripura Gramin Bank

_____ Branch

Dear Sir, Account type _____ Number _____ in the
name of _____ (deceased) due
on _____

With reference to the above account I, _____ (name)
_____ (relationship) of late _____ (insert
the name of the deceased) have to advise that I have no interest in the assets and as such I have no
objection to your paying the balance in the account type _____
Number _____ for Rs. _____ due on (in case of term deposit) in the name of
late _____ (insert the name of the deceased)
my _____ (relationship) to Sri/Smt _____
such payment of the balance in the _____ (mention type of deposit)
account would be completely binding on me and I will not question the Bank's action in so doing in
any proceedings. I also undertake to bind myself, my heirs and legal representatives not to revoke
the declarations made therein.

Sl No.	Name of the Claimant	Age	Signature

Signed before me this _____ day of _____ 20

NOTARY PUBLIC/MAGISTRATE/JUDGE
(With Seal)

Note: Letter of relinquishment to be executed by legal heirs who relinquish their claims to the assets of
deceased, in favour of one legal heir or more.

Please note that only one letter of relinquishment signed by the concerned legal heirs be obtained and
not individual letters, to avoid expenditure to claimants.

This letter will be executed by the heirs who have relinquished the right to the property of the deceased.
It will be stamped as an affidavit. The heirs signing the letter of relinquishment will not be required to
join in signing the bond of indemnity.

Form for recommending the proposal for disposal of assets of deceased constituents.

Tripura Gramin Bank

----- Branch

The Chairman
Tripura Gramin Bank
H.O. Abhoynagar, Agartala
Tripura .

Dear Sir, Re : Disposal of assets of late_____

We forward with our recommendation, a proposal for disposal of assets of Late_____ without any legal representation. Our observations are recorded herein below :

Name :

Father's/Husband's Name :

Date of death :

Particulars of Assets :

We confirm that we have received all the necessary papers in terms of the Head Office Circular No.P&A/Deceased/115/CIR-23/6001/2006 dated 27.09.2006 and copies of each of these papers are enclosed and all these papers are in order.

We recommend that the assets be released to the claimants.

Yours faithfully,

BRANCH MANAGER