

TRIPURA GRAMIN BANK
HEAD OFFICE : ABE OYNAGAR
AGARTALA: 722005

Cir.No.P&A/Deceased/115-Cir-23/6001/06

Date 27.09.06

To,

All Branches/Offices,
Tripura Gramin Bank

SETTLEMENT OF ACCOUNTS OF DECEASED PERSONS.

The requirement of succession certificate for payment of balance in accounts of deceased depositors was totally withdrawn by the Reserve Bank of India vide their circular No.DBOD.BC.No.63/09.07.007/2001-02 dated 4.2.2002.

Accordingly, it has been decided by NABARD in consultation with RBI to advise the RRBs to adopt the same and in turn, UBI(Sponsor Bank) has advised RRBs to adopt the same vide their No.:RRE/B-12/653/2004, dated 25.6.2004.

The matter has been approved by the Board of Directors of the Bank in its 162nd meeting held on 5.7.06, as under :

1. Copy of Death certificate issued by competent authority is to be obtained.
2. If the claim amount is less than Rs.25,000/- the claimants may submit either Survival Certificate or Affidavit.
3. If the claim amount is Rs.25,000/- and above, claimants should submit Affidavit which should be executed by all the claimants in presence of a Magistrate or a Notary Public.
4. Two sureties acceptable to the bank to be obtained who are to join Indemnity Bond with the claimants.
5. Indemnity Bond should be in the bank's prescribed format stamped with appropriate value to be executed by all the claimants and both the sureties.



PROCEDURE FOR SETTLEMENT OF DECEASED ACCOUNTS.

1. The claimants will submit formal application(Enquiry Form) in Bank's standard form. All major claimants and the guardians on behalf of the minor claimants will sign the form.
2. Copy of Death certificate issued by competent Authority should be submitted.

3. If the amount of claim is less than Rs.25,000/- the claimants can submit either Survival Certificate or Affidavit.
4. If the amount of claim is Rs.25,000/- or more, the claimants will have to submit Affidavit as per bank's standard format.
5. Signature of the claimants should be attested by authorized person.
6. Affidavit should be executed by all claimants in presence of a Magistrate or a Notary public.
7. A signed statement of Assets & Liabilities of the proposed sureties should be submitted(as per bank's format).
8. Two sureties to be obtained who are worthy enough to cover the amount in claim (Govt. Employees should be given preference).
9. Indemnity Letter as per Bank's standard form stamped with appropriate value to be executed by all the claimants jointly with the sureties acceptable to the Bank.

D.P. OF Branch Personnels.

1. Branch Manager/Officer-in-charge(Scale-I)=Rs.10,000/-
2. Branch Manager (Scale-II)=Rs15,000/-
3. Branch Manager (Scale-III)=Rs.25,000/-
4. Claim amount above Rs.25,000/- are to be referred to the Head Office for disposal as per format for recommending the proposal with all required papers.

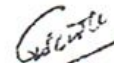
Henceforth all claim should be disposed of as per revised guideline as laid down herein-above.

Formats are given as specimen . Branches/Offices should preserve these carefully, so that they can advise the claimants from time to time.

Enclo : Annexure I to VII



CHAIRMAN



The Branch Manager,
Tripura Gramin Bank
_____ Branch

Dear Sir, _____ Claim for payment of the balance in the account of
Late _____

Late _____ was maintaining deposit
account with your branch. He/she expired on/is not traceable since _____

I/We lodge my/our claim to the asset of Late _____
in terms of Affidavit/Survival certificate issued by _____
at _____ dated _____

b) Kindly exercise the discretion of the Bank on the basis of the following
documents :-

- i) Copy of death certificate
- ii) Affidavit in standard format.
- iii) Survival certificate.
- iv) Assets and Liabilities statement of two sureties.
- v) Letter of Disclaim.
- vi) Letter of Remquishment.

(Strike off the item that is not applicable)

*In case the depositor is not traceable, Civil Death Certificate is to be obtained from
competent authority.

1. Particulars of the deceased depositor:-

Name :
 Father's/Husband's Name :
 Religion :
 Nationality :
 Address :
 Last residence, if other than address :

2. Particulars of deposit:

a) In case of SB/CD :

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

b) In case of Term Deposit :

Date of deposit _____ Due date _____ Amount _____

3. Particulars of Legal heirs :-

Sl.	Name	Fathers/Husband's Name	Address	Age	Relation ship with the deceased
-----	------	------------------------	---------	-----	---------------------------------

a) Is mother of the deceased is alive ? Yes/No.

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

4. Particulars of the Survives :-

Sl.	Name	Address	Age	Occupation	Net worth
-----	------	---------	-----	------------	-----------

1.

2.

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 the 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 _____