

The Jammu & Kashmir Bank Ltd.
Branch
Account

Claimants of Deceased Account Holder Form

For payment of balance amount

Amount claimed (in figures) (in words) Whether the deceased had executed a will? (tick whatever is applicable) yes No If yes, Names of Executors therein Has probate been obtained? (tick whatever is applicable) yes No If deceased has not left a will, has any form of legal representation been obtained, such as succession certificate, letters of administration OR an administrator generalis certificate? Whether the deceased was married? (tick whatever is applicable) yes No Names of widow/widower, child or children of a predeceased child? Any minor, if so, name of legal guardian Names of surviving parents, brother, sister Or children of predeceased brother or sister	Name o		ease								L	1	1	1	1	1		1	1									1	L	1	1	1	1	1		
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10	Relationship of the claimants with the deceased?
	Are they all legal heirs? (tick ✓ whatever is applicable) Yes No
11.	If the deceased was a Hindu, balance of account is claimed as joint family property,
	Who are the other member of the joint family
	Who are karta of joint family?
12	Are they any claimants / heirs other than those joining in the indemnity bond?
13.	Has the deceased left any other Assets?
	If so, who are the claimants thereto? How has / have such claimants acquired title thereto?
14	Was the deceased in service? If so was he entitled to any provident fund?
	Who were the claiments/nominee who received such fund?
15.	Was the life of the deceased assured? If so, to whom have the money been paid? Was there a nomination of assignment in respect of the assurance money? If so, to whom?
16.	Was the deceased doing any business? Who are the claimants who took over the business?
17.	Names of two sureties with full particulars and occupation
1.	Full Name (IN BLOCK LETTERS)
2.	Father's Name / Spouse's Name (IN BLOCK LETTERS)
3.	Date of Birth (DD/MM/YYYY) 4. Nationality (Other than Indian)
4.	Gender Male Female
5.	Address with Telephone/Fax Mobile / E-mail etc.
	Permanent Address
	Pin code City City
	Phone (With STD code) Mobile
	E-mail
6.	Marital Status Single Married 7. Average yearly income
7	Occupation

1.	Full Name (IN BLOCK LETTERS)
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	Permanent Address
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7.	Occupation
7.	
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7.	Occupation Names of all the claimants
7.	Occupation Names of all the claimants (a)
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7.	Occupation Names of all the claimants (a) (b)
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