



CLAIM FORM
FOR PAYMENT TO THE NOMINEE

I THE UNDERSIGN MR/ MRS/ MISS _____

HEREWITH DECLARE THAT I AM NOMINATED BY THE DECEASED MR/ MRS/
MISS _____

TO WORK ON BEHALF OF HIM / HER IN HIS / HER ABSENCE.

MOREOVER I ALSO DECLARE THAT I AM THE (RELATION) _____ OF

MR/ MRS/ MISS _____ AND AFTER

HIS/HER DEATH ON (Date) _____ HAS NOMINATED ME TO

CLAIM THE DEPOSITED AMOUNT FROM HIS/ HER ACCOUNT

NO: _____

SIGNATURE OF THE NOMINEE: _____

DATE _____ TELL/MOBILE NO: _____

ADDRESS: _____

WITNESS:

1) NAME: _____

2) NAME: _____

SIGNATURE: _____

SIGNATURE: _____

OFFICE USE

AUTHORISED SIGNATORY

APPROVED BY: _____
