

Annexure-1

Deceased Claim form (with Nomination or Joint accounts)

(To be filled for single, joint accounts with nomination & survivorship mandate as Either or Survivor ("E or S"), Former or Survivor ("F or S"), Latter or Survivor ("L or S") or "Any One or Survivor")

From

<Address>_
<Contact No:>_
<Email Id> _____
Date: _____

To,
The Branch Manager
ICICI Bank Limited,
_____ Branch,

Dear Sir/Madam,

Deceased claim in respect of Late Mr./Mrs./Master/Miss._____.

1. I/We regret to inform you of the demise of Late Mr./Mrs./Master/Miss._____ * on date _____. He/ She held the below mentioned account(s)/relationships with your bank. [**Note:** in case of both account holders are deceased, add second holders name and details of death in this format]

S. No.	Account Type	Account No.	Account Holders Name	Amount /Balance
1	Savings Bank Account			
2	Fixed Deposits			
3	Others (Please Specify)			

A. Applicable in case of Nomination (Tick as applicable):

I, _____ son/daughter of _____, residing at _____ state that;

I am the registered nominee in the aforesaid account(s).

OR

I am the natural/legal guardian and authorized representative of Master/Miss _____ (date of birth ___/___/___) who is a minor and the nominee in the aforesaid account(s). Master/Miss _____ is the _____ (*specify relationship with deceased*) of the deceased account holder.

Please settle the available balance amount including upto date applicable interest in the deceased depositor's account(s) in the name of the nominee as per the following instructions.

Tick	Account Type
<input type="checkbox"/>	A. Transfer the funds through RTGS/ NEFT to account number _____ held by the Mr./Mrs. _____ the Nominee with _____ bank having IFSC code----- . _____
<input type="checkbox"/>	B. Issue Demand Draft / Payorder favoring the Mr./Mrs. _____ the Nominee. _____.

B. Applicable in case of Joint accounts with survivorship mandate as Either or Survivor ("E or S"), Former or Survivor ("F or S"), Latter or Survivor ("L or S") or "Any One or Survivor" – (Tick as applicable).

I/We the below mentioned surviving account holders state that;

S. No.	Name of survivor	Age	Relation with deceased	Address and contact number

I/We request you to delete the name of the deceased person and continue the account(s) in the name of all other joint account holders with the same mode of operation as _____ (*Specify as Either or Survivor ("E or S"), Former or Survivor ("F or S"), Latter or Survivor ("L or S") or "Any One or Survivor"*) or continue the account(s) in my name as a single account(s) (*applicable in case of only 2 account holders were there*).

OR

I /We am/are the surviving account holders(s) and I/We hereby request you to close the aforesaid account(s) and settle the available balance amount including upto date applicable interest in the deceased depositor's account(s) in the name of the survivor(s) as per the following instructions.

S. No.	Survivor/beneficiary name	Bank account number	IFSC Code	Branch details

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2. I/We submit photocopy of the following documents. (Tick whichever is applicable)

No.	Account Type
1.	Death certificate of the deceased
2.	Identity and address proof of the nominee
3.	Identity and address proof of surviving account holders for conversion/settlement of the account.

3. I/We note to give other documents required by you for the amount to be paid, etc. as and when required by you.

4. I/We undertake that, I/we shall hold any and all payments received from ICICI Bank Limited ("ICICI Bank") in respect of the aforesaid account(s) including any future payments belonging to the deceased holder which are credited in the account(s), in trust as trustee/s for the benefit of the legal heirs of the deceased and that the said act of ICICI Bank would amount to valid discharge of ICICI Bank's liability.

5. I/We hereby declare that neither there is dispute on aforesaid account(s) nor any order has been issued by any court restraining ICICI Bank from making payment from the account(s) in my/our favour or otherwise.

6. In case the survivors continue the account(s), the existing standing instructions and/or debit mandates which may have been set up in the accounts) shall continue and I/we hereby give our consent with respect to the same.

7. I/We hereby confirm that the information stated herein above is true and correct and there is no information has been concealed or is misleading.

INDEMNITY:

In consideration of ICICI Bank, paying or agreeing to settle the balance in the Account(s) as detailed above standing in the name of deceased Account Holder in favour of the Nominee, I do hereby irrevocably agree and undertake to indemnify ICICI Bank, its successors and assigns against all claims, demands, proceedings, losses, suits, damages, charges and expenses incurred by ICICI Bank, arising out of or in connection with the settlement of balance in the account(s) in favour of the nominee/survivors including but not limited to claims from the legal heirs, legal representatives, executors and administrators of the Account Holder or any third party claims arising as a consequence of acting upon my request.

Yours Faithfully,

Signature Nominee/ Guardian of the Nominee/ surviving account holder(s).

Customer's Acknowledgement slip (To be filled in by the Bank Staff)

Date:

Received _____ from _____

Account number(s) _____, a request for deceased claim settlement.

ICICI Bank. _____ Branch.

Emp name and ID _____ and _____.

Signature of Branch official with Bank Seal _____