

THE A. P. MAHESH CO-OP. URBAN BANK LTD.

Sherza Estate, 3rd Floor, Hyderabad - 500 195.

CLAIM FORM

1.	Name of Depositor	...	
2.	(a) Caste or religion of Depositor (b) Occupation of Depositor	
3.	Permanent residence of Depositor	...	
4.	Last Residence of Depositor	...	
5.	Date of death or incapacity of Depositor	...	
6.	Evidence in proof of No. 5 above	...	
7.	Amount Claimed	...	
8.	Nature of Deposit/or other Financial Transaction	...	

9.	Due date of Deposit (if the amount claimed be in Fixed Deposit) ...	
10.	(a) Documents in proof of amount claimed ... (b) Whether the document is in the possession of the Claimant ... (c) If not, Why not ? ...	
11.	(a) Claimant's name ... (b) Claimant's fathers name ... (c) Claimant's residence & Occupation ... (d) Claimant's Age ...	
12.	Are the amounts claimed self-acquired or ancestral property of the deceased ? ...	
13.	Has the depositor any divided or undivided brothers or other Coparceners ? ... If so, give their names, age, occupation etc. ...	
14.	Has the deceased left any wife or husband and are they alive? Has the deceased left any son or daughter or grandchild? If so, state their names, age, occupation, guardian, whether married or not etc. ...	

15.	Has the deceased left mother of father. ...	
16.	Has the deceased survived by any minor son or daughter. If so, whether minor's share will be held in deposit until the minor attains majority ...	
17.	Has the deceased left any other assets for which succession certificate has to be obtained. ...	
18.	Worth of the Claimant/s. ...	
19.	Names of the sureties proposed, their worth, occupation and address. ...	
20.	The claimant's relationship to the deceased and the nature of his claim (by inheritance, bequest or gift). Is the claimant solely entitled with others? If the latter, state their names, age, occupation, their relationship to the claimant etc. ...	
21.	Proof of claimant's title ...	

22.	Has the depositor left any will, and are any executor or executors appointed under the same? ...	
23.	Has probate or letters of Administration been granted to any person in respect of the estate of the deceased? If so, to whom? ...	
24.	Did the depositor make any other disposition of the property? If so, give details. ...	

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

Place

1)

Date 19

2)

3)

Witnessess

Signature of claimants

1) Name

Occupation

Address

2) Name

Occupation

Address

Sworn Declaration to be given by the major claimants in case where the deceased did not execute a WILL (i.e. Sworn Affidavit of Intestacy)

To
The General Manager,
THE A.P. MAHESH CO-OPERATIVE URBAN BANK LTD.,
5-3-989, Sherza Estate, 3rd Floor, Nizamshahi Road,
Hyderabad - 500 095.

Dear Sir,

I / We
Name

Relationship with the
deceased

aged

residing at

Religion _____ do hereby solemnly and sincerely affirm and state that the deceased _____ did not execute any WILL or made any other disposition of property during his / her life time.

Place _____

Signature of Major Claimants

Date _____

Solemnly affirmed before me this _____ day of _____ 200

the contents of this affidavit having been read over (transcribed into _____) and explained to him / them, who having understood the same, declared them to be true and correct and signed in my presence.

Place _____

Signature of Attesting Officer
with Designation _____

Date _____

Affidavit of third parties in claims by heirs of deceased persons

To,
 The General Manager,
The A.P. Mahesh Co-operative Urban Bank Ltd.,
 Head Office : 5-3-989, Sherza Estate, 3rd Floor,
 Nizamshahi Road, Hyderabad-500 095.

Sworn affidavit of Mr. _____
 resident of _____

Re : Claims - Claim No. _____ Late Mr / Mrs. _____
 Claim for _____

1. _____ son of _____
 aged _____ years, Religion _____ Occupation _____
 residing at _____ hereby solemnly affirm and
 state as follows :

1. I have known late Mr/Mrs./Miss _____
 and his/her family for the last _____ years. He / She died on _____

2. He / Her left behind him / her surviving at the time of his / her death the following relations and no others :

S.No.	Name	Age (years)	Relationship with the deceased

3. The Property claimed by the claimants is the ancestral / self-acquired / joint property of the deceased.

4. The above facts are known to me personally.

Station : _____

Signature

Date : _____

Solemnly affirmed before me this _____ day of _____ 200

the contents of this affidavit having been read over (transcribed into _____)
 and explained to him, who having understood the same, declared them to be true and correct and signed in my presence.

Signature of Attesting Officer
 with designation