VOUCHING LETTER

Place :

Date :

From

To

The Secretary
L.I.C of India Staff
Co-operative Urban Bank Ltd.,
Pattom,Trivandrum

Dear Sir,

Re : Claim to the balance in the.....
account(s)standing in the name of late.....
.....

I know late Shri / Smt.....
and the members of his her family very well for the past.....
years. He / She passed away on.....He/She is survived by the undermentioned persons as his/her heirs.

Name	Age	Relationship to the deceased

I have gone through the claim form to wich this letter is appended and I hereby certify that the particulars furnished by the claimant(s) in the claim are true and correct to the best of my knowledge and information

Yours faithfully

Signature :

Name :

L.I.C OF INDIA STAFF CO - OPERATIVE BANK LTD.,
No. 3314, PATTOM, TRIVANDRUM.

CLAIM FORM

INSTRUCTIONS.

1. All the columns should be filled in with specific answers.
2. The form should be signed by all the heirs / claimants of the deceased.
3. If there are minor heir /s claimant /s, they should be represented by their legal guardian.
4. If any of the heir /s claimant /s sign in vernacular language or fix his / her thumb impression, the same should be duly attested by a magistrate or Notary Public under his official seal.
5. Letters from two respectable persons certifying to the correctness of the particulars furnished by the claimants in the claim form should be sent along with the claim form.

Depositor 1. (a) Name : (b) Age : (c) Address : (d) Status (Married or Unmarried) : (e) Religion (If a mohammedan, State whether Siha or Sunni)	
2. Date of Death of Depositor : (Authenticated death certificate to be enclosed)	
3. ACCOUNTS (S) HELD BY THE DEPOSITOR. : (a) Nature of Account (s) such as Current FD / SB / RD / RP / Agastiya / Jewel loan etc., and Balances in the Accounts to be furnished) (In case of Time Deposits due dates to be furnished) (b) Documents in proof of amount (s) claimed to be produced to the Branch Office	

4. CLAIMANT (S) :

Name	Age	Relationship to the deceased	Occupation and address

5. If the deseased is a Hindhu or Muslim male, wether he is survived by his mother :

6. IS THE AMOUNT CLAIMED. (a) The Coparcenay property or the separate property or Interest in the property of a Tarwari, Tavazhi or Lliom of Interest in the property of kutumba of kavaru or stridanam property. (b) If it is a Coparcenary property the names and addresses of the coparcenars to be furnished	
7. If the deceased is Hindu female, whether the amount claimed is from her father; or mother of from her husband or father in-law.	
8. If the deceasedd is a Mohammedan the names of the shares, residuaries and distant kindred of the deceased with their repective shares to be furnished.	
9. PROOF OF CLAIMANT'S TITLE (a) Whether by Inheritance or (b) Whether by bequest under a will (authenticated copy to be furnished) (i) If so, the name (s) of the executor (s), if any appointed under the will to be given or (ii) Whether Succession certificate / Probate / Letters of Administration obtained by the claimant or (the same to be produced). (c) Whether by Gift or settlement (Document in proof there of to be produced.	

I / We hereby solemnly affirm that all the particulars furnished above are true, that no part of it is false and that no informatic particulars have been concealed and that I am / we are the only heir and or Legal Representative (s) of the deceased and there is no other claimant in respect of the amount (s) claimed herein

Place :..... Signature of Claimant (s)

Date :..... .....

WITNESSES :

1. Name..... .....

   Occupation..... .....

   Address..... .....

   .....

   .....

2. Name.....

   Occupation.....

   Address.....

   .....