Annexure- A

<u>LETTER OF DISCLAIMER</u> (To be stamped as per the Stamp Act applicable to the State)

The Bra	anch Man	ager											
Dear S	ir,												
					_*Acco	ount N	۸o					ir	the
name Shri/Sn	nt./Kum o. ≆												of
With r	eference	to the	above	account,	I/We	, the	followi	ing I	egal	heirs			late
 (Name above a	of the deassets an	eceased d as sud	l accou ch we ha	nt holder ave no obj you in), have ection	to a	dvise th ur payin	at wo	e hav bala	e no i nce ar	nter nou	est ir nt lyir	ng in
Shri/Sn	nt./Kum.			(Name	of	the	deceas	sed	acc	ount	ho	lder)	to
5													
binding	on us an ake to bind	d we wil	l not que	the balarestion the land	Bank's	actio	n in so d	doing	if an	y proc	eedi	ngs.	l/We
Sr. No		e(s) of the relinqui				Age((yrs)			Sig	gnati	ure	
Signed	before m	e this	da	y of			_20	_	Pu	Nota		trate)	

 $^*\mbox{fill}$ in here the type of account viz. SB/R.D/Term Deposit, Current etc.

Annexure B

AFFIDAVIT (To be stamped as per the Stamp Act applicable to the State)

l/We			S/D/O	<u> </u>
residin	g at			and
		- S/D/O		resi
ding at		3/D/O		do hereby
	ath*/solemnly affirm	and say as follow	s.	do nereby
		-		
	hri/Smt./Kum lfter, referred to	as "the decea	sed" died	(Name of the deceased) intestate onat
2. That	we know the deceas	ed and his/her far	mily since th	e last years.
	ng to the law by whi			him/her the following persons who e only legal heirs of the deceased
to succ	eed to the estate of t	ne deceased on a	in intestate s	succession:
SNO.	Name		Age(yrs.)	Relationship with the deceased
mentior				he deceased or any of the above- whatsoever nature in the estate of
assets		Bank		leceased has left certain deposits*/branch, to
		•		
	be true and with fu		it is on the	and conscientiously believing the strength of this declaration that thebranch, has agreed at
mention to the e Sworn*	uest to make paymer ned persons without i estate of the decease / solemnly affirmed a	t of the amount of nsisting on produ d from a compete t this	the deposit ction by the nt Court.	s/ to deliver the assets to the above m of a grant of legal representation
uay OI _				
			2	
n the p	resence of	b	efore me	
*(Delete	e whichever is inappl	cable)		Judge / Magistrate / Notary

Annexure C

LETTER OF INDEMNITY

(To be duly stamped as per the Stamp Act applicable to the State)
(Letter of Indemnity with respect to payment of Balance in the Deceased Constituents Account without production of Legal representation)

To, The Branch Manager									
IN CONSIDERATION		or agreeiı	ng to pay	y us,					
of the claimants									
	2 3 4								
The sum of Rupees credit of Saving Ban Shri/Smt./Kum production of Letter o	k / Current / F	R.D Acco	unt No.	etc. with	you ince	ır Bar de	stand nk in the ceased,	ing at t e name with	of
Insert here the									
Names of the suret(y/ies do hereby for ourselv jointly and severally Lassign against all clai which may be raised a agreed to pay / or pay	es and our hei INDERTAKE A ms, demands, against or incur	ND AGRI proceedir red by you	epresent EE to inc ngs, loss u by reas	atives, e lemnify y es, dama ons or in	xecu ou a	tors a nd yo , char	nd adm ur succe ges and	essors a I expens	and ses
Signed, Sealed a				named	on	this		day	of
SIGNED AND DELIV	ERED by the a	bove nam	ned						
1	2			3					
4			ned	_					
1		2.							
(Sureties)									

Annexure D

Opinion Report on Surety

1.	Name in Full	
2.	Address	
3.	Academic Qualification	
4.	Age	
5.	Occupation	
0.	Coodpanen	
	(If employed, please state the	
	name of the employer and since	
	when Employed).	
	, , ,	
6.	Present Monthly Income / Salary	
	(Attach a Salary Certificate, if	
7	income is by way of salary)	
7.	Total yearly income from all sources	
8	No. of dependents	
9	Personal Assets	
a.	Immoveable Property viz. land /	
	Building / flat etc. give details	
b.	acquisitions, present value etc. Investments (Fixed Deposits,	
D.	Shares etc. if any)	
	Life Insurance Policy	
c. d.	Other Assets	
e.	Details of Bank Accounts, if any	
С.	(Name and address of Bankers	
	with Account No (Current /	
	Savings) to be furnished).	
10	Personal Liability if any	
11	Please indicate whether surety is related to claimants Yes/No	
12	Period for which claimants are known	Yrs.

I confirm that all the statements made by me in this application are true and correct and have been made by me.

Place:	
Date:	Signature
Remarks of the Divisional Manager/ Branch Manager	(Surety)
Remarks of the Divisional Manager/ Branch Manager	Divisional Manager/ Branch Manage

Annexure – E

<u>Form of Inventory of Contents of Safe Deposit Locker</u> (To be used where there is no nomination or survivorship clause)

The follow	ring inventory of contents of Safe D		
* hired by	Shri/Smt Branch of	(deceased) in	Bank. his/her sole
name.		(dooddod)	1 1110/1101 0010
*hired by S	Shri/Smt. (i)		
	(ii)	jointly	
	on this day of		
was taken	on this day of	20	
SNO.	Description of Articles in Safe Depos	sit Lockers Other identifying	g particulars
		if any	
WhoThe above Legal heirs1. Shri/Sm AddressShri/Sm	preaking open the locker under his/her produced the key to the locker (Dele inventory was taken in the presence of deceased joint hirer(s)/person matt	ete whichever is not applicable) of: andated by legal heirs(Signature)	
Shri/Smt	·		
	s of Joint hirers	(Signature)	
Shri/Smt	··		
Address		(Signature)	
2. Witness	(es) with name, address and signatu	ıre:	
Shri/Sm	t		
Address	3	(Signature)	
Shri/Sm	t		
Address	8	(Signature)	

ACKNOWLEDGEMENT

* I, Shri/Smt	legal heir	/mandate holder
* We, Shri/Smt.		
		legal heirs and
Shri/Sm		
		surviving hirers
	ledge the receipt of the contents of the safe Deposit locker ove inventory together with a copy of the said inventory.	comprised in as
Shri/Smt (Legal Heir/Man	date Holder)	
Shri/Smt	Signature	
Shri/Smt	Signature	
Shri/Smt	Signature	
	ever is not applicable)	
, = 5.5.5	· · · · · · · · · · · · · · · · · · ·	

Annexure – F

Form of Inventory of articles left in Safe Custody (To be used where there is no nomination or survivorship clause)

The		Ū	inventory						•	
			brar (decease					_ Bank	•	
			(decease 20	-	iei ali agree	errieriv	receipt	ualeu	was to	aken on
SNO		Descrip	tion of Artic	les in	Safe Custo	ody	Other any	identifyin	g particu	lars, if
			was taken ii on mandate							
1. Shri Add	i/Smt. Iress _						(\$	Signature)		
							(\$	Signature)		
* I, Sh	ri/Smt				NOWLEDG			legal he	ir/mandate	e holder
* We,	Shri/S	Smt								
										
									Legal	heirs
and										
Shri/S	mt.								_	
									_ S	urviving
hirers										J
			e the receip						r comprise	ed in as
Shri/S (Legal		Mandate	Holder)							
Shri/S	mt				_ Signature					
Shri/S	mt				_Signature					
Shri/S	mt				_ Signature ₋					
Date 8	& Plac	e ichever i	s not applica	able)						

Annexure – G

LETTER OF INDEMNITY WITH RESPECT TO DELIVERY OF ARTICLES KEPT IN BANK'S SAFE DEPOSIT VAULT / SEALED BOXES ETC. OF THE DECEASED WITHOUT PRODUCTION OF LEGAL REPRESENTATION

(To be stamped as an agreement)

To,				
In consideration of	of your delivering or	agreeing to deliv	ver to me/us	
	ames of the heir(s)			
The articles/prope Safe Deposit Locker No./Sealed Box in Safe Deposit Account No.	rties mentioned he Details of the articles/proper	reunder - Description	Weight	Value
or will be paid or n	none is due,and mes of the heir(s)	of the deceased).	and	ate duty has been paid
do hereby for our jointly and several assigns against al which may be rais delivered or agreed deceased from the	me of the sureties) selves and our heily undertake and all claims, demands, sed against you or ed to have delivered by the	rs, legal represel gree to indemnify proceedings, los incurred by you to me/us the ab	you, the Bank, sses, damages, by reason or in cove mentioned n safe deposit.	ors and administrators, and its successors and charges and expenses consequence of having articles/property of the day of Two
(1)(2)	LIVERED by the al			
(Heirs of the dece	ased)			
(1)	LIVERED by the ab			

RECEIPT

Received from	om			Bank					Bra	anch
Rs	(Rupees _						only) by	Banl	ker's
Cheque No	•			_ dated				in	favour	of
					being	the I	balance	stand	ding at	the
credit of Savir	ng Bank Acc	ount/ Cu	urrent Acc	count/TDI	R/STDR N	0			ir	า the
name of					The ba	lance	has bee	en pa	id to m	e as
per Bank rule	S.									
Date : Place:							Signatur Name:	e of C	Claimar	nt
i lacc.							ivailio.			
	Declarat	ion in c	ase fund	ls are set	tled in fav	our o	f Minor			
l,					,	fathe	r/mother	an	d na	tural
guardian of										
					here	eby ce	ertify that	the p	rocee	ds of
your Banker	· ·	•								_
Account No			of Late							will
be utilized for	the benefit	of the m	inor only							
Place:										
Date:						-				
						(3	Signatur	e of G	₃uardia	an)

Annexure H

LETTER OF INDEMNITY

In respect of payment of balance in deposit accounts of **Missing person presumed to be dead** (To be stamped as an agreement)

The Branch Manager	Place:						
Bank of Baroda	Date:						
dead) had at the time (balance interest upto being repaid) in	(name of the Missing person presumed (address of the Missing person presumed to be of his/ her missing to his/her credit a sum of Rupees ce in the account as on the date of missing) which including (date of repayment) amounts to ` (amount now (nature of account) account/s with the Bank of Baroda, 'hereinafter referred to as "the said Bank").						
renayment)	of (address) (hereinafter						
Bank that the said claims	of (address) (hereinafter imant/s") and have represented to the said ant/s is/are entitled to have the said sum paid to the said rdingly requested the said Bank to pay the said sum to the						
surety/ies) have agreed NOW IN CONSIDERATIO and for ourselves and our reseverally agree and under Managers, Agents, Officer and shall from time to time and indemnified for and in	claimant/s and Mr/Mrs/Miss (names of the of (address of surety/ies) d to indemnify the said Bank in respect of such payment. ON of the premises we, (name/s of claimant/s) d (name/s of surety/ies) espective heirs, executors and administrators jointly and rtake that the said Bank, its successors and assigns and its and Servants, and their respective estates and effects are and at all times hereafter be kept safe and saved harmless in respect of such payment and against all actions, losses, and demands whatsoever in respect of the said payment.						
Yours faithfully,							
(To be signed by the claim	ant/s and surety/ies)						