



Chief / Branch Manager  
STATE BANK OF INDIA

ANNEXURE - II

PHOTO  
OF  
NOMINEE

Dear Sir,

**CLAIM AS NOMINEE FOR PAYMENT OF BALANCES IN THE  
SB/CA/RD/(S)TDR ACCOUNT OF LATE**

I \_\_\_\_\_ (Nominee) hereby declare that I am the Nominee / Appointed as Guardian on behalf of a Minor Nominee in the Account(s) of Late \_\_\_\_\_ (Deceased) who has expired on \_\_\_\_/\_\_\_\_/20\_\_\_\_.

I, therefore submit My Claim as a Nominee/ Guardian on behalf of Minor Nominee for the balance available in Accounts as per details given below with interest to be paid to me.

Sl No	NATURE OF DEPOSIT (SB /CA/TDR/RD)	A/C NO	AMOUNT**	DATE OF MATURITY (If TDR)	Nature of Liability to the Bank (if Any)	AMOUNT **
1.						
2.						
3.						
4.						
5.						
TOTAL DEPOSIT AMOUNT				TOTAL OF BANK LIABILITY		

I have enclosed all the documents mentioned below for your perusal and settlement of the claim.

Yours faithfully,

(Signature of Nominee/Person  
Appointed on behalf of minor Nominee)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Documents Enclosed:**

1. Passbook / (S)TDR of Deceased (In original) ( )
2. Cheque Book of Deceased ( )
3. ATM Card of Deceased ( )
4. Death Certificate ( )
5. Nomination Receipt ( )
6. Identification Proof of the Nominee (Showing relationship with Deceased) ( )
7. Address Proof of the Nominee ( )

**Address for Correspondence:**

Shri/Smt \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile/Ph: \_\_\_\_\_

SBI A/c No: \_\_\_\_\_

**Witness (1)** \_\_\_\_\_

Shri/Smt \_\_\_\_\_

\_\_\_\_\_

A/c No: \_\_\_\_\_

**Witness (2)** \_\_\_\_\_

Shri/Smt \_\_\_\_\_

\_\_\_\_\_

A/c No: \_\_\_\_\_

-----  
**FOR OFFICE USE ONLY**

**Report of the Recommending Authority: -**

I have made necessary inquiries about the claim made by the Nominee / Guardian on behalf of the Minor Nominee & satisfied that the claim may be settled. All the necessary documents have been obtained. The claim may be paid to the Nominee / Guardian on behalf of the Minor Nominee.

***Any other Remarks:***

-----  
-----  
-----  
-----

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Name & Designation :**  
(Recommending Authority)

Signature with Date

-----  
**Sanctioned and Payment to Nominee / Guardian on behalf of the Minor Nominee Allowed:**

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Name & Designation :**  
(Sanctioning Authority)

Signature with Date

**Disbursement & Record:**

Amount of ₹ \_\_\_\_\_/- (Rupees \_\_\_\_\_) paid by way of Banker's Cheque No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/20\_\_ and receipt obtained.

**'OR'**

Credited to Nominee's Account No \_\_\_\_\_ maintained with \_\_\_\_\_ Branch and copy of statement of account carrying the relevant entry maintained on record as part of the claim settlement.

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_

Branch Manager / Accountant

**RECEIPT**

(In Case Payment to Nominee/Guardian of Minor Nominee made through BANKER' CHEQUE)

Received from State Bank of India, \_\_\_\_\_ Branch an Amount of ₹ \_\_\_\_\_/- (Rupees \_\_\_\_\_) by way of Banker's Cheque No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/20\_\_ towards full and final settlement of Balance to the credit of SB/CA/RD/(S)TDR Accounts as above in the name of Late \_\_\_\_\_

Re.1/-  
Revenue  
Stamp

(Signature)

Date: \_\_\_\_/\_\_\_\_/20\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_