



## FORM – F

(See sub-rules (3) and (4) of rule 8)

### APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004 BY SPOUSE (JOINT HOLDER) / NOMINEE(S)/LEGAL HEIRS

To,  
The Chief / Branch Manager  
**State Bank of India**

Sir / Madam,

I / We\* \_\_\_\_\_ the Spouse (Joint Holder) / Nominee(s) / Legal Heirs of  
Late \_\_\_\_\_, the Depositor to the Senior Citizens Savings Scheme, 2004  
Account No \_\_\_\_\_ wish to withdraw the entire amount standing to the credit of the  
Deceased in the said Account.

#### Please find enclosed:

- (i) A certificate in regard to the death of the Depositor.
- (ii) \*A Certificate in regard to the death of Shri / Smt. \_\_\_\_\_ and Shri / Smt. \_\_\_\_\_ also the nominee(s) appointed by the Depositor.
- (iii) \*\* Succession Certificate / Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor
- (v) # Letter of Indemnity                      (vi) # Affidavit.                      (vii) # Letter of disclaimer on affidavit

Signature or Thumb Impression of Claimant(s)

Witness:

\_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
(Name and Address)

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

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

\* : Delete whichever is not applicable.

\*\* : Strike off if there is a valid nomination.

# : To be produced by legal heirs, in the absence of nomination(s) for claims

\*\*\*\*\*

#### FOR USE BY THE BRANCH

Withdrawal of ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) is sanctioned.

Adjustment made (To be specified) \_\_\_\_\_ ₹ \_\_\_\_\_

**NET AMOUNT PAID** ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_ Only)

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

(Branch / Service Manager)

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#### **RECEIPT TO BE SIGNED BY THE CLAIMANT(S)**

Received a sum of ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_ Only)  
from **State Bank of India**, \_\_\_\_\_ (Branch) as per details furnished above in Full  
Settlement of our Claim.

Signature / Thumb Impression of the Claimant(s)

Annexure – I to **FORM-F**  
(Letter of Indemnity)

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

In consideration of your paying or agreeing to pay me/us \_\_\_\_\_ (Names of Legal heirs) the sum of Rs\_\_\_\_\_ standing in SENIOR CITIZEN SAVINGS SCHEME-2004 Account No \_\_\_\_\_ with your Bank in the name of \_\_\_\_\_ Without production of letters of administration or a succession certificate to the estate of the deceased \_\_\_\_\_ (Name of the Depositor) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due, I/We and we \_\_\_\_\_ (Sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set your hands at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the presence of witnesses.

Signed and delivered by the above named  
Heir/heirs of the deceased

**Signed and delivered by the  
Above named Sureties**

\_\_\_\_\_  
\_\_\_\_\_ (Signature of Surety 1)  
\_\_\_\_\_ (Name & Address of Surety)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (Signature of Surety 2)  
\_\_\_\_\_ (Name & Address of Surety)

\_\_\_\_\_  
\_\_\_\_\_

**Name and Address of Witnesses**

\_\_\_\_\_  
\_\_\_\_\_ (Signature of Witness 1)  
\_\_\_\_\_ (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (Signature of Witness 2)  
\_\_\_\_\_ (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

**Attested**

**Notary Public**

Annexure – II to **FORM-F**  
(Affidavit)

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

I / We \_\_\_\_\_ Husband/Wife of Late \_\_\_\_\_ aged \_\_\_\_\_  
years sons/daughters of the said Late \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ do hereby declare and solemnly affirm as under :-

That I / We am/are the only heir(s) of the **Deceased** Late \_\_\_\_\_ who died at  
\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_. I / We alone represent the estate of Shri. / Smt.  
\_\_\_\_\_

That the **Deceased** Late \_\_\_\_\_ did not leave any WILL and therefore I/We  
am/are the only Successor(s) to the estate of the said Deceased.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DEPONENTS

**Verification:**

I/We, the above named deponents do hereby verify on solemn affirmation at \_\_\_\_\_ (name of  
place) that the contents of this affidavit are true to my/our knowledge and nothing material has been  
concealed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DEPONENTS

Dated : \_\_\_\_/\_\_\_\_/20\_\_\_\_

**ATTESTED**

**(Oath Commissioner)**

Annexure – III to **FORM-F**  
(Letter of Disclaimer on Affidavit)

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

I / We (i) \_\_\_\_\_ Husband/ Wife of \_\_\_\_\_  
residents of \_\_\_\_\_

(ii) \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

(ii) \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

do hereby solemnly affirm as follows: -

1. That Shri / Smt. \_\_\_\_\_ died instate on \_\_\_\_/\_\_\_\_/20\_\_\_\_ leaving behind us \_\_\_\_\_ his / her only Heirs.
2. That we \_\_\_\_\_ heirs of our late father/mother for ourselves and on behalf of our heirs, executors, representatives and assigns do hereby relinquish our claims to the balance of **Rs** \_\_\_\_\_ which may be credited to the account sought by our mother/father to be opened in your branch in the name of the estate of the said \_\_\_\_\_ deceased father/mother after the realisation of Draft No \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_ issued by State Bank of India and we have no objection whatsoever in the balance in the above referred SENIOR CITIZEN SAVINGS SCHEME Account no \_\_\_\_\_ together with interest, if any, accrued thereon being paid by the Bank to our said mother/father Mrs./Mr. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DEPONENT(S)

**Verification:**

I/We, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DEPONENT(S)

Dated : \_\_\_\_/\_\_\_\_/20\_\_\_\_

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

**ATTESTED**

**(Oath Commissioner)**

Dated : \_\_\_\_/\_\_\_\_/20\_\_\_\_