

ANNEXURE- A
Application/Request Letter for settlement of Deceased claim by Nominee
(To be used when account has nomination)

From

To
The Manager
Bajaj Finance Ltd. (BFL)
_____ Branch.

Re: Fixed Deposit in the name of _____

Dear Sir,

The below Fixed deposit/s was/were opened with BFL in the name of _____ &
_____ ('Depositor/s').

Deposit ID	Name of Primary depositors/Joint depositors	Deposit amount	Date of deposit

I hereby state that the said Depositor/ all the depositor(s) has expired on _____.

I, _____, _____ of Shri _____ residing at _____ am the registered nominee in the above FD ("Nominee").

I hereby request you to settle the balance in the said FD in my name in the capacity of Nominee. I agree and confirm that I am receiving the premature FD payment from BFL as trustee(s) of the legal heirs of the deceased depositor i.e. such payment to me/us shall not affect the right of claim which any person may have on deposits of the deceased and there is no court order seeking to restrain BFL from making such payment

I hereby submit following document(s) together with originals for verification:

1. Photocopy of Death Certificate issued by _____
2. Photocopy of KYC documents of Nominee _____
3. Photocopy of Bank account proof i.e. Cancelled cheque or Bank Statement in the name of Nominee
4. Original FDR duly discharged (*to be submitted to BFL*)
5. Indemnity bond.

Place:
Date:

Yours faithfully,

ANNEXURE-B
Application for continuation of FD in the name of joint deposit holder(s)

(To be used when joint account has survivor clause)

From

To

The Manager
Bajaj Finance Ltd. (BFL)
_____ Branch.

Re: Fixed Deposit in the name of _____

Dear Sir,

The below Fixed deposit/s was/were opened with BFL in the name of _____ &
_____ (**‘Depositor/s’**).

Deposit ID	Name of Primary depositors/Joint depositors	Deposit amount	Date of deposit

I/We hereby state that one of the joint Depositors Mr./Mrs. _____ has expired on _____ (**‘Deceased Depositor’**).

I/We request you to delete the name of Deceased Depositor and continue the FD in my /our name(s) with same mode of operations.

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

1. Death Certificate
2. KYC documents
3. Bank Account details
4. Original FDR duly discharged (*to be submitted to BFL*)

Place:

Yours faithfully,

Date:

(Claimant(s))

ANNEXURE C

Application/Request Letter for settlement of Deceased claim by Surviving Depositors
(To be used for cases with joint account with survivorship clause and 'joint mandate clause' for premature withdrawal of FD)

To
The Manager
Bajaj Finance Ltd. (BFL)
_____ Branch.

Re: Fixed Deposit in the name of _____

Dear Sir,

The below Fixed deposit/a was/were opened with BFL in the name of _____ &
_____ ('**Depositor/s**') with BFL.

Deposit ID	Name of Primary depositors/Joint depositors	Deposit amount	Date of deposit

I/We hereby state that the said Depositor has expired on _____.

I/We hereby state that I/We do not wish to continue the said Fixed Deposits and therefore lodge my/our claim for the settlement of FD amount along with accrued interest lying in the said Fixed Deposit.

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy)
2. KYC documents of claimants
3. Bank account proof
4. Original FDR duly discharged

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place:

Date:

Name of the Claimants

Signature

- 1.
- 2.

ANNEXURE D

Application/Request Letter for settlement of Deceased claim

(To be used for cases other than Nomination / joint account without survivor clause/joint account with survivor clause but without 'joint mandate clause' for premature withdrawal)

To
The Manager
Bajaj Finance Ltd. (BFL)
_____ Branch.

Re: Fixed Deposit in the name of _____

Dear Sir,

The below Fixed deposit/a was/were opened with BFL in the name of _____ & _____ ('**Depositor/s**') with BFL.

Deposit ID	Name of Primary depositors/Joint depositors	Deposit amount	Date of deposit

I/We hereby state that the said Depositor has expired on _____.

I/We state that, I/We, the undersigned, are the only legal heirs of the above- named deceased Depositor. I/We hereby lodge my/our claim for the settlement of FD amount along with accrued interest lying to the credit of the above-named deceased depositor who died intestate.

Claimant's Full Name	Address	Age	Relationship with Deceased Depositor

In case of Minor:

Name of Minor Claimant	
Name of Guardian of Minor	
Address	
Whether Natural Guardian?	Yes/No
Whether Guardian is appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order.	Yes/No

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy)
2. Letter of Indemnity
3. KYC documents of claimants

4. Bank account proof
5. Succession certificate/ Legal Heirship Certificate issued by Court or statutory authorities
6. Original FDR duly discharged

We request you to pay the FD amount lying to the credit of the above-named deceased Depositor to Mr/Ms/Mrs. _____ on my/our behalf in the below mentioned Bank Account:

Bank Name:

Branch:

Bank A/c Number:

IFS Code:

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place:

Name of the Claimants

1.

2.

Date:

Signature

ANNEXURE E

Affidavit cum Indemnity Letter

(To be used for accounts held in single name without nomination/with nomination (with dispute cases & where there is no original FDR)

(To be stamped with the duty payable for affidavit & indemnity bond)

This Affidavit cum Indemnity is executed by Mr/Ms/Mrs. _____ & Mr/Ms/Mrs. _____ residing at _____ (hereinafter referred to as “**the Indemnifier/s**” which expression shall unless repugnant to the context or meaning thereof shall mean and include my/our heirs, successors and administrators)

IN FAVOUR OF

BAJAJ FINANCE LIMITED, a company incorporated under the provisions of the Companies Act, 1956, and validly existing under the provisions of the Companies Act, 2013, having its registered office at Mumbai Pune Road, Akurdi, Pune – 411035, Maharashtra and corporate office at S No. # 208/1-B, 4th Floor, Viman Nagar, Pune – 411014, Maharashtra, acting in these presents through its branch office located at _____ (hereinafter referred to as the “**BFL**”, which expression shall, unless repugnant to the context, include its successors and assigns)

1. I/We, the Indemnitor(s), hereby state that, Mr./Ms./Mrs _____ (“**Depositor**”) had placed a Fixed deposit for an amount of Rs. _____ (Rs. _____ only) on _____ for a period of ___ months with BFL (“**FD**”).
2. The said Depositor has expired on _____. Hereto annexed is a self attested xerox copy of the death certificate issued by the Municipal Corporation of _____ <city> confirming the death of the deceased Depositor.
3. I further state and confirm that I, the Indemnifier, am the nominee in the aforesaid FD and entitled to claim the balance in the said FD

OR

4. I / We, further state and confirm that the deceased Depositor has been survived by the following legal heirs who are entitled to claim the balance in the said FD: -

Sr. No.	Name	Age	Relationship to the deceased
1			
2			
3			
4			
5			

5. I/We confirm that I/We the abovenamed person(s), are the only heirs and legal representatives of the deceased Depositor and are absolutely entitled FD proceeds.

6. In spite of due and diligent search made by me/us, we have not come across any Will and/ or any document purporting to be the Will of the deceased Depositor and in the circumstances the deceased Depositor is deemed to have died intestate (Without making a Will).

7. [] If original FDR not submitted:

I/We, further state that the original Fixed Deposit Receipt no. _____ dated _____ (“FDR”) issued by BFL with regards to the said deposit has been lost and I/We have made all possible attempts to trace the same but was unable to find it and I/We hereby confirm and state as under:

- i) There is no order of a court of law or any dispute regarding the said FD on account of which BFL is restrained from making payment of the said FD amount to me/us as stated above.
- ii) If the said original Fixed Deposit Receipt no. _____ dated _____ issued by BFL is found by the Indemnifier, then the same shall be submitted to BFL immediately.
- iii) Submission of the said original Fixed Deposit Receipt at any time by anyone, will not result in duplication of payment or higher liability on the part of BFL.
- iv) By making payment of the said FD amount by BFL to myself (being Nominee) / to legal heirs, BFL shall be fully discharged from its liability in respect of the said deposit.

8. I/We hereby request and authorize BFL to make the payment of the amount standing in the above mentioned FD belonging to the deceased Depositor together with interest thereon as applicable, to Mr. / Mrs. / Miss being one of the legal heirs for and on behalf of all the legal heirs and such payment to Mr. / Mrs. / Miss would constitute a full discharge of the BFL’s obligations with respect to the said FD.

I / We, am / are aware that BFL has agreed to settle our claims without production of Letters of Administration or a Succession/Legal Heirship Certificate or original FDR, solely relying on this affidavit.

9. I / We, for myself / ourselves and my / our respective heirs, executors and administrators jointly and severally agree, affirm and undertake to indemnify BFL, its successors and assigns, its employees, agents, against all or any claims, demands, actions, suits, proceedings that may be made, filed, taken or instituted against BFL in respect of payment of FD proceeds to me/us and shall from time to time and at all times hereafter ensure to save BFL harmless and indemnified against all or any actions, losses, costs, charges, expenses and demands which BFL may suffer owing to placing reliance and acting upon my/our representations.

10. I/We, the Indemnifier/s hereby declare that, the facts stated above are true and correct and the same shall be binding on me/us, my/our legal heirs, successors and administrators.

Solemnly Declared at _____ this _____ day of _____ by the within named (to be signed by all Deponents)

<i>(Name)</i>	<i>(Signature of deponents. (Claimants))</i>
1.	
2.	
3.	
4.	

Before me (Notary, State)
Affidavit to be attested by Notary Public

Read over and explained by each of us in the presence of each other unto the Deponents above named before the execution hereby by them in our presence and each of them is known and identified by each one of us.

- 1.
- 2.