



# DECEASED CLAIM APPLICATION FORM

Date 

Branch Manager/STSO,

..... Branch/ Uposhakha,

IFIC Bank Limited

Following is the information of a deceased account holder and information of Nominee/Successor/Legal Guardian/Authorized Person of the respective accounts. Requesting the bank authority to do the necessary settlement.

Deceased Customer Type				
<input type="checkbox"/> Account Holder	<input type="checkbox"/> Locker Holder	<input type="checkbox"/> Sanchayapatra Purchaser	<input type="checkbox"/> Bond Purchaser	<input type="checkbox"/> PO Beneficiary
Account Number		Account Title		
Locker Number		Locker Serial		
SP/Bond Reg. Number		Amount		Maturity Date
PO Number		PO Amount		Issue Date
Information of Deceased Customer				
Date of Birth		Place of Death		Cause of Death
Date of Death		NID/Smart ID		
Type of Documents Provided	<input type="checkbox"/> Death Certificate/Doctor's Certificate <input type="checkbox"/> Graveyard's Certificate/Municipal Corp. Certificate <input type="checkbox"/> NID/Smart ID <input type="checkbox"/> Others (Please Specify) .....			
Information of Nominee/ Successor (If No Nominee Is Available)				
Name of Nominee/ Successor		Father's Name		
Relationship with A/c holder		Contact No.		
Address				
Type of Documents Provided	<input type="checkbox"/> NID/Birth Certificate <input type="checkbox"/> Succession Certificate <input type="checkbox"/> Others (Please Specify) .....			
NID/Birth Certificate Number				
Mode of payment	<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Payment Order	Account No.	
Account Name			Br/Upo Name	
Information of Authorized Person (As Per Section 103(2) Of Bank Company Act,1991)/Legal Guardian (In Absence of Authorized Person)				
Name of Nominee				
Name of Authorized Person/Legal Guardian				
Father's Name of authorized person/Legal Guardian				
Relationship with Nominee		Contact No.		Date of Birth
Address				
Type of Documents Provided	<input type="checkbox"/> NID/Photo ID <input type="checkbox"/> Succession Certificate <input type="checkbox"/> Others (Please Specify) .....			
NID/Photo ID Number				
<input type="checkbox"/> I/We, hereby declare that the above information furnished is all true, correct and full and I have not omitted or suppressed any information called for under any of the above columns. I/We agree to indemnify and keep IFIC Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which IFIC Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.				
Signature of 1 <sup>st</sup> Nominee/ Successor/ Legal Guardian		Signature of 2 <sup>nd</sup> Nominee/ Successor/ Legal Guardian		
<input type="text"/>		<input type="text"/>		
Name:		Name:		
Bank Use Only				
Initiating Official's Signature		Approving Official's Signature		
<input type="text"/>		<input type="text"/>		
Name:		Name:		
EID:		EID:		