



DECEASED CLAIM APPLICATION FORM

Photo of the claimant

Date:

Branch Manager
..... Branch
Trust Bank Ltd.

I / We hereby advise the demise of Mr./Ms. _____ on _____ who maintained a/c with your branch. I/We request to settle the balance of the a/c as follows.

Status of claimant:	<input type="checkbox"/> Nominee	<input type="checkbox"/> Successor	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Authorized Person	<input type="checkbox"/> Survivor	<input type="checkbox"/> Others
Percentages of Claim	<input type="text"/>	%	

Information of Deceased Account Holder			
Account Number	<input type="text"/>	-	<input type="text"/>
Account Title	<input type="text"/>		
Date of Death	<input type="text"/>	Place of Death	<input type="text"/>
Cause of Death	<input type="text"/>		
Type of Documents Provided	<input type="checkbox"/> Death Registration Certificate	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Graveyard's Certificate
	<input type="checkbox"/> FDR Receipt	<input type="checkbox"/> Unused Cheque Book	<input type="checkbox"/> Others 1. 2. 3.

Information of Nominee / Successor / Authorized Person / Legal Guardian			
Name of Nominee / Successor	<input type="text"/>	Relationship	<input type="text"/>
Name of Authorized Person/Legal Guardian (if applicable)	<input type="text"/>	Relation With Nominee	<input type="text"/>
Father's / Husband's name of Nominee / Successor	<input type="text"/>		
Present Address	<input type="text"/>		
Type of Documents Provided	<input type="checkbox"/> NID / Smart ID	<input type="checkbox"/> Succession Certificate	<input type="checkbox"/> Others
NID/ Birth Cert. Number	<input type="text"/>	Mobile No.	<input type="text"/>

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 Trust bank indemnified from any loss, damage, claim, action, costs, charges and expenses which Trust Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature of Nominee/Successor/Legal heir/ Legal Guardian

* In case of more than one nominee/ successor, separate form is to be used for each nominee/ successor mentioning the percentage of claim.

BANK USE ONLY

Remarks:

- All the information stated above checked and verified.
- All relevant supporting documents have been obtained & verified as per bank's policy
- Percentage of settlement: %
- Mode of Operation (For joint A/C) Any One Either or Survivor Other

Transaction Details

Initiated by Desk Official
(with seal & sign)

Recommended by Branch Operation Manager
(with seal & sign)

Approved by Branch Manager
(with seal & sign)