

# ALFASTAR INDIA NIDHI LIMITED

REGD.&CORP.OFFICE : SHOP NO 2 TYOD, SAMBHAR LAKE PHULERA, JAIPUR RAJ 303604  
Helpline : 7413803330,31,32 Web: alfasharindia.in

E-mail : [alfastarindianidhi@gmail.com](mailto:alfastarindianidhi@gmail.com)

## Application for Deceased claim

(To be Used when Account has nomination or is a joint Account with survivor clause)

From

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To

**The Branch Manager,  
Alfastar India Nidhi Limited**

-----Branch

Dear sir;

**Re : Deceased Account**

**Late Shri/Smt-----**

**Account No (s)-----**

I/We advise, the demise of Shri/Smt. -----on-----  
He/She holds the above Account (s) at your branch. The account is in the name (s)-----  
of-----.

### A. In case of Nomination

I,----- son/daughter of Shri-----  
residing at-----am.

(i) The registered nominee in the above Account (s)

(ii) The person authorized to receive payment on behalf of Master/miss-----

----- Who is the nominee in the above Account (s) and is a minor as on the date of the claim.

Sr.No.	Name of legal heirs	Age	Relation of Account holder	Nominee (yes/no)	Share (Mention by Depositor)

Please settle the balance in the account in the name of the nominee. I/We receive the payment as trustee(s) of the legal heirs of the deceased.

Place :

Date :

Yours faithfully

{ Claimant(s)}

**Witness(\*) 1) Magistrate or Judicial Official OR 2) An Officer of the Central or State Government OR 3) An officer of a bank OR 4) Two persons acceptable to the bank.**

Witness-1 Name:----- - Address: -----  Department-----Post----- Signature (with seal) :	Witness-2 Name:----- Address: -----  Department-----Post----- Signature (with seal) :
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### B. In the case of joint Account

I/ We Request You to delete the name of deceased person and continue the account 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.

Death Certificate issued by

Identity proof (required innomination cases)

Consent of legal Heirs of Deceased

Affidavit/  
Notarial  
Ticket

Place :

Date :

Yours faithfully

{ Claimant(s)}