



ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O.: Hyderabad

(Multi - State Scheduled Bank)

Head Office: 8-2-680 / 1 & 2, Road No. 12, Banjara Hills, Hyderabad - 500 034 (Telangana State)

CLAIM FORM

1. Name of the deceased in Full & Age :
2. Date of Death & Place of Death :
3. Permanent residential address of the deceased :
4. Religion & Caste :
5. Details of Assets & Liabilities of the Deceased :

ASSETS					LIABILITIES			
Sl. No.	TYPE OF DEPOSIT, SHARES & SECURITY	AMOUNT ₹	DATE OF MATURITY	BRANCH	Sl. No.	TYPE OF LIABILITY	AMOUNT ₹	BRANCH
1.					1.			
2.					2.			
3.					3.			
4.					4.			

6. Are the amounts claimed self-acquired or ancestral property of the deceased? :
7. Name of the Parents of the deceased :
If living, their ages :
8. Name of the Widow/Widower of the deceased :
If living, her / his age :
9. Names & ages of the living children of the deceased

1.	2.	3.
4.	5.	6.

10. Names & ages of the living grand children of the deceased (Children of the only predeceased son or daughter) :
11. Names & ages of the living brother/s of the deceased :
12. Names & ages of the living sister/s of the deceased :
13. Whether deceased has left behind a "Will" (If yes, certified copy of the "Will" must be enclosed) :
14. Whether "Will" has been Probated / Letter of Administration obtained or application made for the same ?
15. Whether Succession Certificate has been obtained or the same has been applied for ?
16. Which law is applicable to the deceased? :
(Mithakshara, Dayabhaga, Aliyasanthana, Marumakkattayam, Sunni, Shia Succession Act)

Affidavit of third parties in claims by heirs of deceased persons

To,
The General Manager
Andhra Pradesh Mahesh Co-operative Urban Bank Ltd.
Head Office : 8-2-680 / 1 & 2, Road No. 12,
Banjara Hills, Hyderabad - 500 034.

Sworn affidavit of Mr/Mrs. _____
resident of _____

Re: Claims - Claim No. _____ Late Mr / Mrs. _____
Claim for _____

I _____ son of _____
aged _____ years, Religion _____ Occupation _____
residing at _____ hereby solemnly affirm and
state as follows :

1. I have known late Mr/Mrs./Miss _____
and his / her family for the last _____ years. He / She died on _____

2. He / Her left behind him / her surviving at the time of his / her death the following relations and no others:

S.No.	Name	Age (years)	Relationship with the deceased

3. The Property claimed by the claimants is the ancestral / self-acquired /joint property of the deceased.

4. The above facts are known to me personally.

Place : _____

Signature

Date : _____

Solemnly affirmed before me this _____ day of _____ 20____
the content of this affidavit having been read over (transcribed into _____)
and explained to him, who having understood the same, declared them to be true and correct and signed in my presence.

Signature of Attesting Officer
with designation

Andhra Pradesh Mahesh Co-operative Urban Bank Ltd.

_____ and sincerely affirm and state that the deceased _____ did not execute any WILL or made any other disposition of property during his / her life time.

Place _____

Signature of Major claimants.

Date _____

Solemnly affirmed before me this _____ day of _____ 20____ the contents of this affidavit having been read over (transcribed into _____) and explained to him / them, who having understood the same, declared them to be true and correct and signed in my presence.

Place _____

Signature of Attesting Officer
with Designation _____

Date _____