



# ANDHRA PRADESH MAHESH CO-OPERATIVE URBAN BANK LTD.

H.O.: Hyderabad

(Multi - State Scheduled Bank)

Head Office: 8-2-680 / 1 &amp; 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

**Sworn Declaration to be given by the major claimants in case where the deceased did not execute a WILL (i.e. Sworn Affidavit of Intestacy)**

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.

Dear Sir,

I / We Name	Relationship with the deceased	aged	residing at
----------------	-----------------------------------	------	-------------

Religion \_\_\_\_\_ do hereby solemnly 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 \_\_\_\_\_