

CLAIM FORM BY NOMINEE

To,
The Manager,
Surat National Co-Op Bank Ltd
_____ Branch,
Surat

I, Shri / Smt / Kum. _____ have been appointed as nominee of the deceased Shri / Smt / Kum _____ and I further declare that I am nominated to claim deposit monies / Bank's Shares / Articles held in safe custody / safety locker with _____ branch held by deceased shri / Smt / Kum _____. Please pay / transfer the same in my account / remit the amount in my bank account as mentioned in cancelled cheque copy

Particulars are as under

Deposit Monies SB/CA/FDR A/c No	Bank's Shares Certi.no/ No of shares	Safe Custody Articles Receipt No	Safety Lockers No.

(rupees _____ only)

Shri / Smt / Kum _____
Address _____

Signature of Nominee _____

Witness 1 Name :
 Address :

Witness 2 Name :
 Address :

Date:

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1. Two persons acceptable to the bank
 2. An Officer of the bank