

Annex I-C

**BOND OF INDEMNITY/ SURETY\***

**(To be duly stamped as per the Stamp Act applicable to the State)**

**(For Settlement of Claim in Deposit Accounts of Deceased Customer  
without production of Legal Documents)**

The Branch Manager

Date:

\_\_\_\_\_ Bank

\_\_\_\_\_ Branch

**IN CONSIDERATION** of your paying or agreeing to pay us,

**(Mention here the name of the claimant(s))**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

the sum of Rupees \_\_\_\_\_ standing at the

\*\*credit of following deposit accounts with your bank in the name of Shri/ Smt./ Kum.

\_\_\_\_\_ since deceased, without production of a

**Court Order or Probate of Will or Letter of Administration or a Succession  
Certificate to his/ her estate:**

| Sr.<br>No.   | Nature of Deposits<br>(SB/ CA/ TD, etc.) | Account No. | Amount | Date of Maturity<br>(in case of TD) |
|--------------|--|-------------|--------|-------------------------------------|
| 1.           |  |             |        |                                     |
| 2.           |  |             |        |                                     |
| 3.           |  |             |        |                                     |
| 4.           |  |             |        |                                     |
| <b>Total</b> |  |             |        |                                     |

We, \_\_\_\_\_, do hereby for

**(Mention here the Name of the \*\*claimant(s)/ surety(ies))**

ourselves and our heirs, legal representatives, executors and administrators, jointly  
and severally **UNDERTAKE AND AGREE** to indemnify you, the bank, its officers/  
Directors, and its successors and assignees against all claims, demands,

proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reasons or in consequence of your having agreed to pay/ or paying the said sum to the claimant(s) as aforesaid.

**SIGNED AND DELIVERED** by the above named

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**(Heir(s)/ claimant(s) of the deceased customer)**

Signed and delivered by the above named on this \_\_\_\_\_ day of \_\_\_\_\_  
two thousand \_\_\_\_\_.

**\*SIGNED AND DELIVERED** by the above named

1. \_\_\_\_\_
2. \_\_\_\_\_

**(Sureties)**

Signed and delivered by the above named on this \_\_\_\_\_ day of  
\_\_\_\_\_ two thousand \_\_\_\_\_.

\* Surety is applicable only in case of claims above the threshold limit.

\*\*(Delete whichever is not applicable)

### Opinion Report on Surety

#### **A. Details to be furnished by the surety**

|     |   |      |
|-----|---|------|
| 1.  | Name in Full  |      |
| 2.  | Address   |      |
| 3.  | Academic Qualification  |      |
| 4.  | Age   |      |
| 5.  | Occupation<br>(If employed, please state the name of the employer and since when employed).                           |      |
| 6.  | Present Monthly Income/ Salary  |      |
| 7.  | Total yearly income from all sources  |      |
| 8.  | No. of dependents   |      |
| 9.  | <b>Personal Assets</b>  |      |
| a.  | Immoveable Property, viz., land/ Building, etc.<br>(please give details of acquisition, present value, etc.)          |      |
| b.  | Investments (Term Deposits, Shares, etc., if any)   |      |
| c.  | Life Insurance Policy   |      |
| d.  | Other Assets  |      |
| e.  | Details of Bank Accounts, if any (Name and address of Bank with Account No. (Savings bank/ Current) to be furnished). |      |
| 10. | Personal Liability, if any  |      |
| 11. | Please indicate whether surety is related to claimant(s)<br>Yes/No  |      |
| 12. | Period for which claimant(s) are known  | Yrs. |

I confirm that all the statements made by me in this application are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature  
(Surety)

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#### **B. Remarks of the Bank Official**