



जळगाव जनता सहकारी बँक लि., जळगाव (शेड्यूल्ड बँक)

मुख्य कार्यालय - ११७/११९, नवीपेठ, जळगाव - ४२५००१

मयत वारस प्रकरण दाखल करण्याबाबत सूचना

(जिवीत संयुक्त खातेधारक/ नोंदणीकृत पश्चात वारस असलेल्या खात्यांबाबत)

कृपया मयत वारस प्रकरण दाखल करण्यापूर्वी खालील सूचना काळजीपूर्वक वाचा -

१. अर्जातील सर्व रकाने बिनचूक भरा. लागू नसलेल्या रकान्यात 'लागू नाही' असे स्पष्टपणे नमूद करावे. वारसांची वर्गावारी अर्जामध्ये दिलेली आहे. दावेदार/ अर्जदार यांनी स्वतःचे व अन्य वारसांचे मयताशी असलेले नाते स्पष्टपणे नमूद करावे. अन्य वारस नसल्यास तसे स्पष्टपणे नमूद करावे.
२. अर्जासोबत मृत्युचा दाखला, मयताच्या खात्याचे पासबुक/ स्टेटमेंट, ठेवीची पावती, शेअर्स सर्टीफिकेट जोडावे. मृत्यु दाखला व ठेव खाते पुस्तक/ पावती यावरील नावे एकच असणे आवश्यक आहे.
३. अर्जावरील दावेदार/ अर्जदार यांच्या सहया सक्षम अधिकाऱ्याने प्रमाणित करणे आवश्यक आहे. अर्जासोबत दावेदार/ अर्जदार यांच्या ओळखपत्राची (उदा. आधारकार्ड, पॅनकार्ड, ड्रायव्हिंग लायसेन्स, पासपोर्ट इ. पैकी) सत्यप्रत दाखल करणे आवश्यक आहे. तसेच दावेदार/ अर्जदार यांनी स्वतःचे अलीकडेच काढलेले दोन फोटोग्राफ अर्जासोबत दाखल करणे आवश्यक राहिल.
४. ज्या प्रकरणात मयत ठेवीदाराने नॉमिनेशन नोंदविलेले नाही अशा प्रकरणात अधिक सुरक्षिततेच्या दृष्टीने बँक दावेदार/ अर्जदार यांना मयताच्या देय रकमेची ३ वर्षांपेक्षा कमी नसलेल्या कालावधीसाठी पुर्नगुंतवणुक करण्यास सांगू शकते. आवश्यकता भासल्यास बँक दावेदार/ अर्जदार यांना सक्षम कोर्टाकडून सक्शेशन सर्टीफिकेट/ वारस दाखला, प्रोबेट, लेटर ऑफ अँडमिनीस्ट्रेशनची मागणी करू शकते. अशी मागणी केल्यास दावेदार/ अर्जदार यांना त्याची पूर्तता करावी लागेल.
५. दावेदार/ अर्जदार यांना दावा बँकेने मान्य केल्यास दावेदार/ अर्जदार यांना सर्व कायदेशीर कागदपत्रांची जसे Indemnity Bond, Affidavit अथवा Undertaking सादर करावे लागेल. या कागदपत्रांच्या पुर्ततेसाठीचा खर्चही करावा लागेल.

या संदर्भात काही शंका असल्यास, कृपया आपल्या शाखेच्या व्यवस्थापकाची भेट घ्यावी.



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★ टारस भावलेल्या खात्यासाठी ★
[जिवीत संयुक्त खातेधारक (Survivor) व पश्चात वारस नेमलेल्या
खात्यासंदर्भात (Nomination) करावयाचा अर्ज]

प्रति,

शाखा व्यवस्थापक

_____ शाखा

विषय:- (मयत) श्री/सौ/ _____ यांच्या बचत/
चालू/ मुदत/ _____ ठेव खात्यावरील रक्कम मिळणेबाबत...

महोदय,

मी (अर्जदार) श्री/सौ/ _____ वय वर्ष _____,
व्यवसाय/ नौकरी _____, राहणार _____

कारणे विनंती अर्ज करतो की, मी मयत श्री/सौ/ _____
यांचा जिवीत संयुक्त खातेधारक (Survivor/s of Joint Accountholder)/ नोंदणीकृत पश्चात वारस (Registered
Nominee) या नात्याने, त्यांची आपल्या बँकेत जमा असलेली/ त्या रक्कम/ रक्कमा मिळण्यास पात्र आहेत. सबब,
मयताच्या नावावर जमा असलेली रक्कम/ रक्कमा मला/ आमच्या खाली नमूद केलेल्या पद्धतीने देण्यात याव्या ही
विनंती...

१. कॅश चेक/ पे ऑर्डर/ डिमांड ड्राफ्ट
२. माझे/ आमचे आपल्या _____ बँकेत _____ शाखेत बचत/ चालू खाते
क्र. _____ वर वर्ग करावी/ आरटीजीएस/ एनईएफटी ने पाठवावी.
मयताचा मृत्यु दाखला तसेच माझे/ आमचे फोटो ओळख म्हणुन पॅनकार्ड/ आधारकार्ड/ पासपोर्ट/
वाहन परवाना/ निवडणूक ओळखपत्र यापैकी एका कागदपत्राची स्व:साक्षात्कीत प्रत सोबत जोडित
आहे. तसेच माझे/ आमचे दोन अद्यावत फोटोग्राफस सोबत जोडले आहेत.

माझ्या/ आमच्या माहितीप्रमाणे मयत श्री/सौ _____ यांचे
आपल्या बँकेत कर्ज चालू आहे/ नाही.

१. मयताचे संपूर्ण नाव _____
२. मृत्युचे ठिकाण _____ तालुका _____ जिल्हा _____
३. मृत्यु दिनांक _____
४. मयताचे मृत्युपूर्वी कायम रहिवासाचे ठिकाण _____



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मुख्य कार्यालय - ११७/११९, नवीपेठ, जळगाव - ४२५००१

मयत श्री/ सौ ----- यांची आपल्या बँकेत
खालील प्रकारची खाती आहेत.

खाते प्रकार	नंबर	शिल्लक
बचत ठेव हप्तबंद ठेव ----- ठेव मुदत ठेव चालू ठेव		
	एकूण	

वरील सर्व प्रकारच्या खात्यांवर मिळून एकत्रित शिल्लक रु. ----- आहे.

माझा दावा बँकेने मान्य केल्यास, मयताच्या खात्यावरील मला मिळणारी रक्कम, मयताच्या सर्व कायदेशीर वारसांच्या वतीने स्वीकारत आहे याची मला जाणीव आहे.

वरील सर्व तपशील माझ्या/ आमच्या माहिती व समजूतीप्रमाणे सत्य आहे.

ठिकाण : -----

दिनांक : -----

अर्जदाराची स्वाक्षरी

UNDERTAKING FROM THE NOMINEE

(वारस नेमलेल्या खात्यांसाठी)

Mr./ Mrs./ Miss. : _____

Age: _____, Occupation: _____

Residing at : _____

Undersigned do hereby state and undertake that:-

1. Mr./ Mrs./ Miss. (Deceased Name): _____

Died on _____ at _____

2. Mr./ Mrs./ Miss. (Deceased Name): _____

is _____ of me.

3. Mr./ Mrs./ Miss. (Deceased Name): _____

had the following sum with Jalgaon Janata Sahakari Bank Ltd., Jalgaon to his/ her credit and I the undersigned is the nominee to the said sums i.e.

Sr. No.	Branch	Type of Deposit	Account No.	Amount
1.				
2.				
3.				

4. The aforesaid deposits along with interest in his/ her account had become payable and as I being the Nominee of Said deceased Mr./ Mrs./ Miss. (Deceased Name): _____ I am entitled for the same.

5. An aggregate sum of Rs. _____/- (Rupees _____ Only) are in the name of deceased stands to the credit/ transferable from deceased Mr./ Mrs./ Miss. (Deceased Name): _____ to me.

6. I hereby further assures and confirms the bank that, there is no order enforced prohibiting bank from giving this amount to me (being nominees/ legal heirs) is passed by any court, quasi-judicial authority/ tribunals etc. and no case is pending with such authorities for said purpose.

7. As per my request, Bank has agreed to pay/ transfer the aforesaid sum to me upon execution to this undertaking.

8. Hence I hereby undertaken that I am receiving the aforesaid amount, deposits as stated hereinabove as trustee of the legal heirs of deceased and it will not affect the rights or claims of any person.

I have executed this undertaking upon clear understanding and same is binding on me.

Date:- / /

Executant (Nominee)

Franking OR
Stamp Paper
Of Rs. 500/-

(जर मयत व्यक्तीच्या नावात फरक असेल तरच घ्यावे.)

Jalgaon Janata Sahakari Bank Ltd., Jalgaon
(Scheduled Bank)

INDEMNITY BOND

THIS DEED OF INDEMNITY executed on this _____ day of _____ 20__ at
Jalgaon by-

[1] _____ aged _____ years, Occp--
_____, residing at _____

[2] _____ aged _____ years, Occp--
_____, residing at _____

(Hereinafter be called as "OBLIGOR/S or INDEMNIFIER/S" (person in whose name the amount is to be transferred) which expression shall unless repugnant to the content that includes his/ her/ their respective heirs, executives, administrators, legal representatives of the FIRST PART)

AND

[1] _____ aged _____ years, Occp--
_____, residing at _____

[2] _____ aged _____ years, Occp--
_____, residing at _____

(Hereinafter be called as "SURITIES" which expression shall unless repugnant to the context that includes his/ her/ their respective heirs, executives, administrators, legal representatives of the SECOND PART)

DO hereby bind jointly and severally to pay and indemnify **Jalgaon Janata Sahakari Bank Ltd., Jalgaon** having one of its branch at Station Road (hereinafter be called as Bank)

WHEREAS

1. Late _____, was residing at- _____,
(hereinafter called as DECEASED) has the _____ account in the bank with

account no. ____/_____. In said account, as on ____/____/_____, there is balance of Rs. _____/-.

2. The deceased died at _____ on ____th day of _____, 20____. Late _____ has appointed Mr./Mrs./Ms. _____ as nominee to said account.

3. The deceased died at _____ on ____th day of _____, 20____. The deposits along with interest in his account has become repayable (and transferable) to the legal heirs of the deceased. We hereby assures bank that following are only legal heirs of the deceased--

[1] _____ aged _____ years, Occp-- _____, residing at _____

[2] _____ aged _____ years, Occp-- _____, residing at _____

4. The name of deceased in bank records and KYC appears to be different. The details of said changes is given in following table:-

Sr. No.	Bank record/ KYC	Name given in Bank record/ KYC
1	Bank records	
2	<<KYC Document>>	
3	<<KYC Document>>	

We hereby assures that, even though the name of deceased account holder is different in above documents, the person with both name was one and the same and true name of deceased is _____. In case due to this difference in name, bank would be suffered any loss financially and/ or through legal proceeding, we hereby bind jointly and severally to pay and indemnify the bank for any loss/ damage/ expenses/ legal fees etc. Incurred by bank.

5. We hereby further assures and confirms the bank that, there is no order enforced prohibiting bank from giving this amount to us or anyone of us (being nominees/ legal heirs) is passed by any court, quasi-judicial authority/ tribunals etc. and no case is pending with such authorities for said purpose.

The OBLIGOR/S or INDEMNIFIER/S claims to be entitled to it but has not obtained succession certificates or heirship certificate of deceased-

1. The deceased died intestate without leaving will behind him/her. The deceased died at _____ on ____th day of _____, 20____ and the OBLIGOR/S or

INDEMNIFIER/S claims to be legal heirs of deceased for payment of deposit/s along with interest.

2. An aggregate of Rs. _____-/- stands to the credit of accounts of deceased on ____/____/_____.

3. The OBLIGOR/S or INDEMNIFIER/S has/ have represented to the bank that production of legal representation would cause delay. Due to which he/ she/ they will suffer irreparable loss. Hence it is requested by OBLIGOR/S or INDEMNIFIER/S to the bank to pay the amount without insisting on legal representation.

4. The bank, at the request of OBLIGOR/S or INDEMNIFIER/S and SURITIES agreed to repay (and transfer) the same to the OBLIGOR/S or INDEMNIFIER/S on the condition of executing this deed with two SURITIES to indemnify the bank, its officer, servants, agents all the claim to the amount for which they have agreed.

NOW THIS DEED OF INDEMNITY WITNESSES that in consideration of repayment (and transfer) the OBLIGOR/S or INDEMNIFIER/S, each SURITIES jointly and severally do hereby undertake to indemnify and always keep indemnified the Bank, its Officer, servants and agents in the event of any claim being made by any person against the bank and its officer servants or agents with respect to said amount and whole or in part including any interest thereof and OBLIGOR/S or INDEMNIFIER/S and each of them shall otherwise keep indemnified and saved the bank, its officer, servants, agents from any charges, damages, and expenses whatsoever or any claim arising thereof.

IN WITNESS WHEREAS OF THE parties have sent their respective hands on the days & years mentioned here above.

OBLIGOR/S or INDEMNIFIER/S

1) _____

2) _____

SURITIES

1) Name _____

A/c No. _____ Branch _____

2) Name _____

A/c No. _____ Branch _____

WITNESS

1) _____

2) _____

Stamp Paper
Of Rs. 100/-

AFFIDAVIT

(मयत खातेदारच्या नावात फरक असल्यास)

Date:- / /

To,
The Manager,
_____ Branch

We, the undersigned, solemnly affirm that,

1) Late _____, was residing at _____, (hereinafter called as DECEASED) has the _____ account in the bank with account no. ____/_____. In said account, as on ____/____/_____, there is balance of Rs. _____/-. We are legal heirs of the deceased Late _____ who passed away at _____ on _____. Late _____ is survived by the following heirs.

Sr. No.	Name	Age	Relation

2) The name of deceased in bank records and KYC/Death Certificate appears to be different. The details of said changes is given in following table:-

Sr. No.	Bank record/ KYC	Name given in Bank record/ KYC/Death Certificate
1	Bank records	
2	<<KYC Document>>	
3	<<KYC Document>>	

We hereby assures that, even though the name of deceased account holder is different in above documents, the person with both name was one and the same and true name of deceased is _____.

3) We are making this affidavit to produce before the bank to prove that the above mentioned names are of deceased & of one and the same person.

<<Affidavit to be executed before executive magistrate>>

All the above information is true and correct as per my/our knowledge and understanding and I/we accept complete responsibility in case of any falsehood found in the same.

Signature of Witnesses

1) Signature _____

Name _____

2) Signature _____

Name _____

Signature of Deponents

1) _____

2) _____

VERIFICATION

I/we, _____, the deponent/s above named do hereby solemnly affirm that what is stated in the foregoing paragraphs of the present Affidavit is true to my/our own knowledge, information and belief and I/we believe the same to be true.

Solemnly declared at _____ this _____ day of _____ .

Signatures of Deponents

1.

2.



अळगाव जनता सहकारी बँक लि., जळगाव (शेडयूल्ड बँक)

मुख्य कार्यालय - ११७/११९, नवीपेठ, जळगाव - ४२५००१

(वारस अज्ञान असल्यास अज्ञान पालन
कर्त्याने द्यावयाचे घोषणापत्र)

प्रति,

शाखा व्यवस्थापक

शाखा

(मयत) श्री/सौ यांचे खालीलप्रमाणे कायदेशीर
वारस आहेत.

अ.नं.	नाव	वय
१		
२		
३		
४		
५		

वरील १ ते ५ पैकी क्र. कुमार/कुमारी

..... हे अज्ञान आहेत. मी सदर अज्ञानाचा पालन कर्ता या नात्याने
आपणांस हमी देत आहे कि, (मयत) श्री/सौ यांच्या
शाखेमधील विविध खात्यांवरील रक्कम अज्ञानाच्या नावावर वर्ग झाल्यावर ती मी अज्ञानाच्या हितासाठीच वापरीन.

ठिकाण :

दिनांक :

(अज्ञान पालन कर्त्याची स्वाक्षरी)