



Sangli Urban Bank

सांगली अर्बन बँक

वारसांनी व जामीनदागते भरल
द्यावयाचा फॉर्म स्टॅम्प पेपर वर
वारसनांद नसणाऱ्यांसाठी

सांगली अर्बन को-ऑपरेटिव्ह बँक लि., सांगली. (शेड्युल्ड को-ऑप. बँक)

प्रधान कार्यालय : ४०४, खणभाग, सांगली ४१६ ४१६

Annex VII

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

Sangli Urban Co-op. Bank Ltd., Sangli.

_____ Branch

Date:

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. No.	Nature of Deposits (SB/ CA/ TD, etc.)	Account No.	Amount	Date of Maturity (in case of TD)
1				
2				
3				
4				
Total				

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 assigns 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

जमीनदाराने भरल बावदाचा फॉर्म

A. Details to be furnished by the surety

1	Name in Full	
2	Address	
3	Academic Qualification	
4	Age	
5	Occupation (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	Personal Assets	
a.	Immoveable Property, viz., land/ Building, etc. (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) 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)

B. Remarks of the Bank Official