

Sangli Urban Bank



सांगली अर्बन बँक

वारसानी भ्रमन द्यावयाचा फॉर्म
स्टॅम्प पेपर वर

वारसनोद नसणाऱ्यांसाठी

लॉकरसाठी

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

प्रधान कार्यालय : ४०४, खणभाग, सांगली ४१६ ४१६

Annex XII

**BOND OF INDEMNITY WITH RESPECT TO DELIVERY OF CONTENTS OF SAFE
DEPOSIT LOCKER/ ARTICLES KEPT IN SAFE CUSTODY BY THE DECEASED CUSTOMER**

(to be submitted in case of claims settled without production of Legal Documents)

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

The Branch Manager

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

_____ Branch

In consideration of your delivering or agreeing to deliver to me/ us,

(Claimant(s))

the articles mentioned hereunder :

Safe Deposit Locker No./ Safe Custody Article Receipt No.	Details of the articles	Description	Weight	Valuation (to be filled in by the bank)

and held in the name of Shri/ Smt./ Kum.

since deceased, without production of any probate of

Will/ succession certificate/ letters of administration/ court order

I/ We

and

(Claimant(s))

do hereby for 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 you or incurred by you by reason or in consequence of having delivered or agreed to have deliver to me/ us the above mentioned articles of the deceased from the safe deposit locker/ sealed boxes in safe custody.

Signed and delivered by the above named on this _____ day of _____ two thousand _____

SIGNED AND DELIVERED by the above named

(1) _____

(2) _____

(Claimant(s))