

**CLAIM FORM FOR ACCESS TO SAFE DEPOSIT LOCKER BY NOMINEE
(Deceased Locker Hirer)**

To

The Branch Manager

Subject: Claim for Access to Safe Deposit Locker of Deceased Locker Hirer

I/We hereby inform you that **Mr./Ms.** _____, the hirer of Safe Deposit Locker No. _____ maintained at your branch, has expired on ___ / ___ / ____.

I/We declare that I/we am/are the **nominee(s)** registered in the bank records in respect of the above locker. I/We request the bank to permit me/us to access and operate the locker and to receive the contents of the locker as per the nomination recorded.

1. Details of the Deceased Locker Hirer

- Name of the Locker Hirer : _____
- Locker Number : _____
- Date of Death : _____
- Address : _____

2. Details of the Nominee(s)

Sl. No Name of Nominee Address Contact Number Relationship

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3. Declaration by Nominee(s)

I/We declare that the above information furnished by me/us is true and correct to the best of my/our knowledge and belief.

I/We agree to abide by the rules and regulations of the bank regarding the operation of the locker. I/We request the bank to allow access to the locker and hand over the contents of the locker to me/us as the nominee(s).

I/We further agree to indemnify and keep the bank indemnified against any loss, claim, demand or dispute that may arise in the future in connection with the release of the locker contents to me/us.

4. Documents Submitted

1. Copy of Death Certificate of the locker hirer
2. Identity Proof of Nominee(s)
3. Address Proof of Nominee(s)

4. Any other documents required by the bank

5. Signature of Nominee(s)

Name : _____

Signature : _____

Date : _____

Name : _____

Signature : _____

Date : _____

Place : _____

For Bank Use Only

- Nomination verified : Yes / No
- Documents verified : Yes / No
- Date of locker access : _____
- Presence of bank official : _____

Name & Signature of Bank Official : _____

Designation : _____

Date : _____