



AXXOM DEVELOPMENT NIDHI LIMITED

Registered with Ministry of Corporate Affairs, Govt. of India | CIN: U65990AS2020PLN020507

Sr. No.

CLAIM FORM FOR DECEASED MEMBER'S DEPOSITS / SAVINGS

Please fill the Form in English and In BLOCK Letters. Tick wherever applicable.

To,
Axxom Development Nidhi Limited,
Lakhimpur,

Date

Branch

I, the undersigned, respectfully submit this application to claim the deposits/savings held by the late member with your esteemed company. Please find the necessary details and supporting documents attached.

DECEASED MEMBER & ACCOUNT DETAILS

Full Name

Member ID No.

Account Type Fixed Deposit Recurring Deposit Daily Deposit Saving A/c Other

Account No.

Date of Birth

Date of Death

CLAIMANT'S DETAILS

Full Name

Relationship with the Deceased

Permanent Address

Mobile Number + 9 1

CLAIMANT'S BANK ACCOUNT DETAILS FOR TRANSFER OF FUNDS

Name

Account Number

IFSC Code

Branch Address

DECLARATION BY THE CLAIMANT

I, _____ s/o / d/o / w/o _____, hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I am the rightful claimant for the deposit/savings of the deceased member, _____. I agree to indemnify and hold harmless Axxom Development Nidhi Limited from any claims, liabilities, or expenses that may arise from the release of funds based on this claim.

Date: DD / MM / YYYY

Place: _____

Signature of Claimant

SUPPORTING DOCUMENTS (PLEASE ATTACH)

- Death Certificate of the Deceased *(Certified copy to be submitted, Original to be presented for verification)*
- Deposit Certificate / Savings Passbook of the Deceased *(Original to be submitted)*
- Proof of Relationship with the Deceased *(Certified copy to be submitted, Original to be presented for verification)*
- Claimant's Identity Proof *(Self-signed copy to be submitted, Original to be presented for verification)*
- Claimant's Address Proof *(Self-signed copy to be submitted, Original to be presented for verification)*

CONSENT FROM FAMILY MEMBERS

We, the undersigned family members, have no objections to the release of the deposits/savings to the aforementioned claimant, and we acknowledge their claim.

- 1. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 2. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 3. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 4. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 5. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 6. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 7. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 8. Name: _____, Relationship: _____, Sign: _____, Date: _____
- 9. Name: _____, Relationship: _____, Sign: _____, Date: _____

FOR OFFICE USE ONLY

Application accepted by:
Emp. Name, Code & Sign

Application verified & processed by:
Emp. Name, Code & Sign

APPROVAL STATUS

Approval Status: Approved Rejected with reason _____

Amount Released: _____ In words _____

Date of Release: _____ Transaction Ref. No.: _____

Accounts Manager