

## DECEASED CLAIM APPLICATION FORM



Branch Manager

..... Branch

Date:  /  /

Trust Bank PLC

I/ We hereby advise the demise of Mr./Ms. \_\_\_\_\_ on \_\_\_\_\_ who maintained a/c with your branch. I/We request to settle the balance of the a/c as follows.

<b>Status of claimant:</b>	<input type="checkbox"/> <b>Nominee</b> <input type="checkbox"/> <b>Successor</b> <input type="checkbox"/> <b>Legal Guardian</b>
	<input type="checkbox"/> <b>Authorized Person</b> <input type="checkbox"/> <b>Survivor</b> <input type="checkbox"/> <b>Others</b>
Percentages of Claim	% <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>

Information of Deceased Account Holder			
Account Number	- <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
Account Title	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Date of Death	Place of Death <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Cause of Death	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Type of Documents Provided	<input type="checkbox"/> Death Registration Certificate	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Graveyard's Certificate
	<input type="checkbox"/> FDR Receipt	<input type="checkbox"/> Unused Cheque Book	<input type="checkbox"/> Others <ol style="list-style-type: none"> <li>1. <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></li> <li>2. <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></li> <li>3. <span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span></li> </ol>

Information of Nominee / Successor / Authorized Person / Legal Guardian			
Name of Nominee / Successor	Relationship	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
Name of Authorized Person/Legal Guardian (if applicable)	Relation With Nominee	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	
Father's / Husband's name of Nominee / Successor	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Present Address	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Type of Documents Provided	<input type="checkbox"/> NID / Smart ID	<input type="checkbox"/> Succession Certificate	<input type="checkbox"/> Others
NID/ Birth Cert. Number	Mobile No.	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	

I/We, hereby declare that the above information furnished is all true, correct and full and I have not omitted or suppressed any information called for under any of the above columns. I/We agree to indemnify and keep Trust bank PLC indemnified from any loss, damage, claim, action, costs, charges and expenses which Trust Bank PLC may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature of Nominee/Successor/Legal Guardian

Signature of Nominee/Successor/Legal Guardian  
(If more than one)

BANK USE ONLY
Remarks:

- All the information stated above checked and verified.
- All relevant supporting documents have been obtained & verified as per bank's policy
- Percentage of settlement:  %
- Mode of Operation (For joint A/C)
  Any One
 Either or Survivor
 Other

<b>Transaction Details</b>	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
----------------------------	--

Initiated by Desk Official  
(with seal & sign)

Recommended by Branch Operation Manager  
(with seal & sign)

Approved by Branch Manager  
(with seal & sign)