

Annexure-1.

Form No.189

**CLAIM FORM**

1. Name of the Deceased	
2. Proof of Death	
3. Name of the Claimant(s): his/her/their relation with the deceased	
4. Amount in deposit or subject matter of claim with particulars thereof	
5. Particulars of Liabilities of the deceased to the Bank if any.	
6. a) Did the Deceased leave any Will? if so, a copy thereof duly certified by a Magistrate or Notary be enclosed. b) Is the Will registered ? c) Has probate been obtained from a Competent Court? if so, its true copy should be enclosed. d) Names of the executors, if any or beneficiaries under the will.	
7. a) Names of the legal heirs and their relations with the deceased(Male): (i) Son(s) (ii) Daughter(s) (iii) Widow (iv) Mother (v) Son of a predeceased Son (vi) Daughter of a predeceased Son (vii) Son of Predeceased Daughter (viii) Daughter of predeceased Daughter (ix) Widow of a predeceased Son (x) Son of a predeceased Son of Predeceased Son (xi) Daughter of a predeceased son of a predeceased Son. (xii) Widow of a predeceased Son of a Predeceased Son. b) Names of the legal heirs and their relation with the deceased (female): (i) Son(s) (ii) Daughter(s) (iii) Children of any predeceased Son (iv) Children of any predeceased Daughter (v) Husband	
8. Is any of the legal heirs, executors or beneficiaries minor? if so, What is the age of the minor (s) and in whose custody he/she is ? Has any Court guardian been appointed ?	
9. Has any succession Certificate or letters of administration been obtained by the Claimant(s) from a Competent Court? if so, its true copy should be enclosed.	
10. Nomination Particulars	
11. Any other Particulars	

**DECLARATION**

I/We declare that the aforesaid contents are correct and nothing has been concealed or withheld.

Signatures of Claimant(s)

Declare before me by ..... Whom I personally know or who has been identified  
..... Whom I personally Know.

Signature of the Responsible Person.

N.B.:- This form Should be filled in legibly and completed in every respect

**MANAGER'S CERTIFICATE**

Station:

Date :

I Certify that Shri/Smt .....has died and left the following accounts at the time of death showing balance as under.

Nature of A/c (s)	A/C No.	Balance(s) in Rupees

Note: (In case of term deposit please mention the date of deposit and due date)

I have made proper enquiries and verified that he/she has left the following heirs and no others {State Whether minor or Major}.

Name (s)	Relationship	Name(s)	Relationship

**PARTICULARS OF CLAIMANTS / LEGAL HEIRS:-**

Name and address	Age	Relationship	Details of accounts maintained by them with our Bank

Note: In case, the claimants/ legal heirs are not our customers, their signature should be attested either by a Notary Public of the Claimants / legal heirs should be identified and their signature should be attested by the branch official in requisition / Consent letters.

Recommended that	Manager /Office –in-.charge
Recommended that	Regional Manager
Department H.O.	
Remarks of the Legal Orders of Sanctioning authority.	

**INSTRUCTIONS FOR FILLING UP THE CLAIM FORM**

1. Claim application should be obtained, properly filled in by the Claimant/s giving complete and correct particulars as required therein and is duly dated.
  
2. The Branch must verify all the deposit and loan accounts of the party and see that correct particulars of the account viz.
  - a) account number with balance outstanding as on date
  - b) in case of term deposits, nature of account, account number, date of opening, due date, conditions of repayment if any,
  - c) in case of Jewel loan accounts, date of Pronote , amount outstanding, description and weight of the jewels.
  
3. where any valid nomination is registered with the branch in case of deposit/s and articles kept in safe custody/safety locker separate claim formats prescribed for claims under nomination facilities should be filled in and submitted.
  
4. The particulars of account mentioned in the claim form should tally with that in the requisition letter, Letter of authority etc., given by the claimant and other legal heirs of the deceased person.
  
5. In the column “Particulars of Claimants” the details of the Claimant/s alone must be given in IV-viii. In case the claimant/s / legal heir/s is/ are illiterate/s the left hand thumb impression of the such claimant/s/legal heir/s should be obtained in the consent letter and authorization letter in front of the Manager/Officer should certify adjacent to the thumb impression so obtained as follows:

Left hand thumb impression of  
-----  
taken/affixed in front of me.  
Sd.....  
Manager / Officer.
  
6. The Death Claim application form should be signed by all the legal heir/s/claimant/s of the deceased.
  
7. If there are minor heir/s/claimant/s they should be represented by their natural/legal guardian.
  
8. In the case of thumb impression/signature in any language other than the language(s) in which the claim form and other papers are printed, the same should be duly attested by a Magistrate or Notary under his official seal. While doing so, the attesting officials should state that the contents have been explained to and understood by the signatory.

9. Letters from two respectable persons certifying to the correctness of the particulars furnished by the claimants in the claim form should be sent along with claim form.

**10. In case of Term Deposits, if the Claimant wants to close the same prematurely, then it must be stated in claim application itself clearly.**

Annexure – 2.

**SPECIMEN OF RECEIPT TO BE OBTAINED IN CASE OF DEPOSIT  
FROM MAJOR LEGAL HEIR/S.**

Received from Tamilnad Mercantile Bank Ltd., .....the sum of Rs.....(Rupees.....only) being (my/our share/s of) the amount payable in the account of Late Sri/Smt ..... with you as his/her legal heir/s/successors in full and final settlement of my/our claim/s.

I/We confirm that we have no further claim against the Bank at this Branch in respect of the assets of the said deceased and the Bank is fully discharged from all liability and obligation to me/us or to any person claiming for or through us.

I/We do not have any other claim from the Bank henceforth

Dated:

Place:

(for self and on behalf of

- 1.
- 2.

**Witnesses:**

1. Signature:

Name

Occupation

Address

2. Signature

Name

Occupation

Address

**Annexure-3.**

**SPECIMEN OF RECEIPT TO BE OBTAINED FROM NATURAL GUARDIAN  
ON BEHALF OF MINORS.**

**Declaration in case funds are settled in favour of a Minor**

I, \_\_\_\_\_ father and natural guardian of \_\_\_\_\_  
hereby certify that the proceeds of your Banker's Cheque No. \_\_\_\_\_  
dated \_\_\_\_\_ favouring \_\_\_\_\_ issued by you in settlement of  
the balance in account number \_\_\_\_\_ of Late  
\_\_\_\_\_ will be utilized for the benefit of the minor only.

**Signature of Natural Guardian**

**Annexure.4.**

**CONSENT LETTER /LETTER OF AUTHORITY**

From

Date :

To

The Branch Manager,  
Tamilnad Mercantile Bank Ltd.,  
.....

Dear Sir,

Sub: Claim in the matter of Assets of Late Sri/ Smt

I am/ We are writing this letter to inform you that Sri/Smt .....  
passed away on.....leaving behind him her as his/her heir/s the under  
mentioned person/s.

I/We, the undersigned, who is /are legal heir/s of Lat Sri/Smt.....do  
hereby  
authorise Sri/Smt .....Son/daughter of .....residing at  
..... who is also one of the legal heirs of the said deceased, to receive the assets  
valued about / amounting to Rs.....(Rupees.....only), being  
payable to me/us in my/our capacity as legal heir/s of Late Sri/Smt.....as  
detailed below.

List of Legal Heir/S

NAME	AGE	RELATIONSHIP TO THE DECEASED

PARTICULARS OF ACCOUNTS/AMOUNTS:-

SL.No	Name and Account Number of the Deposit /Borrowal Account.	Total Amount/Value	Nature of Security
1.			
2.			
3.			

The amount(s)/Jewels claimed under the above deposit/s account forms part of the assets of the deceased. I/We am/are entitled to a share in his/her assets. I/We hereby declare that I/We have no objection to the entire balance in the accounts/jewels including my share being paid /delivered over to Sri/Smt.....

I/ We further state that the discharge given by the said Sri/ Smt.....in respect of the said deposit accounts shall be effective as if the same is given by me/us and binding on me/us.

The payment/release so made by the Bank shall be fully and completely binding on me/us and shall discharge the Bank from any claim whatsoever from me/us and my/our legal heirs, successors in-title, assigns, administrators, executors or any other person claiming through me/us or in trust for me/us.

Yours faithfully,



Witnesses:

1. Signature  
Name  
Occupation  
Address

2. Signature  
Name  
Occupation  
Address

**Annexure-5**

**VOUCHING LETTER / DECLARATION LETTER**

From

To

The Manager,  
Tamilnad Mercantile Bank Ltd.,  
.....Branch.

Dear Sir,

Sub: Claim to the assets/balance in the .....account  
No.....standing in  
the name of late.....

I.....Son of .....residing at  
.....do hereby declare and state as follows:-

I Know the deceased Sri/ Smt.....residing at  
.....and the members of his/her family for the last  
.....years. He/she died on .....(give the date of  
death).....(give the place of death) leaving behind him the  
following heirs.

NAME	AGE	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

To my knowledge, the above-named deceased died intestate. I know that I may be liable for damages to the Bank in case it turns out that this information given by me above is in correct and the Bank is made liable for making any wrong payment on the basis of this declaration.

I certify that the particulars furnished by the Claimant/s in the claim form are true and correct to the best of my knowledge.

Place:

Date:

Signature

Witnesses:

1. Signature

Name

Occupation

Address

2. Signature

Name

Occupation

Address

Annexure – 6.

**RECEIPT (TO BE OBTAINED WHILE RELEASING PLEDGED  
ARTICLES / ITEMS)**

(To be used while Redeeming/Releasing Gold Jewellery/Shares/G.P.Notes to Legal Heirs of Deceased Borrowers)

Received from, Tamilnad Mercantile Bank Ltd., .....gold ornaments, Shares/G.P.notes as per particulars given below belonging to the said late Sri/Smt..... and pledged as security for loan granted.

Sl.No	Description
1.	
2.	
3.	
4.	
Total	

I/We confirm that we have no further claim against the Bank at this Branch in respect of Assets of the said deceased and the Bank is fully discharged from all liability and obligation to me/us or to any person claiming for or through us.

I/We do not have any other claim from the Bank henceforth.

Dated .....

.....

(for Self and on behalf of

1.

2.

Witnesses:

1. Signature

Name

Occupation

Address

2. Signature

Name

Occupation

Address

**Annexure-7.**

**TO BE STAMPED AS INDEMNITY**

**Affidavit cum Indemnity Letter**

In respect of payment of balance in deposit accounts / contents of safe deposit locker/  
safe custody articles of deceased person;

(To be stamped with the duty payable for affidavit & Indemnity bond)

I/We Mr/Ms/Miss

(name/names of the claimants),

(s/o, w/o, d/o),

aged,

address,

do hereby solemnly affirm and state as follows.

1. I/We am/are the legal heirs of Mr/Ms/Miss  
(name of deceased account holder) and the deceased is my/our  
(father/mother/wife/husband/son/daughter etc.)

2. I/We further state that I/We the following legal heirs are the only legal heirs entitled  
to claim the balance deposit/amount /jewels/ ornaments and other valuables the  
contents held in the locker/safe custody:-

No.	Name	Age	Relationship to the deceased
1.			
2.			
3.			
4.			
5.			

3. I/We further state that the deceased was holding an account (hereinafter referred to  
as “the account”) (specify the account details) \_\_\_\_\_ in \_\_\_\_\_  
branch of \_\_\_\_\_ bank (herein after referred to as “the Bank”). At the time of  
the death of the deceased the account was having a credit of Rs \_\_\_\_\_ (balance  
amount in the account) which includes interest upto \_\_\_\_\_ (date of payment)  
amount to Rs. \_\_\_\_\_ (amount being now paid).

4. I/We affirm that I/We am/are the sole legal heirs of the deceases who are entitled to  
receive the amount standing in the credit of the account belonging to the deceased.

5. I/We have requested the bank to make the payment of the amount standing in the credit of the account belonging to the deceased together with interest thereon as applicable to Shri / Smt \_\_\_\_\_ being one of the legal heirs for and on behalf of all the legal heirs.

OR

I/We have requested the bank to hand-over contents of the safe deposit locker/items held in safe custody to Shr / Smt. \_\_\_\_\_ being one of the legal heirs for and on behalf of all the legal heirs.

6. I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person for the amount standing to the credit of the account of the deceased.

7. I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the bank, its successors and assigns and its managers, agents, officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said payment or delivery of the contents of items in safe deposit locker or held in safe custody.

All the averments made herein before are true and correct and I/We put my/our signature/mark on this \_\_\_\_\_ Day of \_\_\_\_\_ 200\_\_ at \_\_\_\_\_ in the presence of \_\_\_\_\_.

**Signatures(s) of deponents. (claimants)**

**Signature of Witness**

**Affidavit to be attested by Notary Public.**

**Annexure – 8.**

**Form of Inventory of Contents of  
Safety Locker Hired from Banking Company  
(Section 45ZE (4) of the Banking Regulation Act, 1949)  
(To be used where there is nomination or survivorship clause)**

The following inventory of contents of Safety Locker No. \_\_\_\_\_ located in the Safe Deposit Vault of \_\_\_\_\_ Branch at \_\_\_\_\_.

\* hired by Shri/Smt. \_\_\_\_\_ (deceased) in his/her sole name.

\* hired by Shri/Smt. (i) \_\_\_\_\_ (deceased)  
(ii) \_\_\_\_\_ Jointly  
(iii) \_\_\_\_\_

was taken on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Sr.No.	Description of Articles in Safety Locker	Other Identifying Particulars, if any

For the purpose of inventory, access to the locker was given to the Nominee/and the surviving hirers

- By breaking open the locker under his/her/their instructions.
- Who produced the key to the locker. ( Delete whichever is not applicable)

The above inventory was taken in the presence of:

1. Shri/Smt. \_\_\_\_\_ (Nominee) \_\_\_\_\_

Address \_\_\_\_\_ (Signature)

Shri/Smt. \_\_\_\_\_ (Nominee) \_\_\_\_\_

Address \_\_\_\_\_ (Signature)

and

Shri/Smt. \_\_\_\_\_

Survivors  
of joint hirers

(Signature)

Address \_\_\_\_\_

Shri/Smt. \_\_\_\_\_

Address \_\_\_\_\_ (Signature)

2. Witness (es) with name, address and signature:

**ACKNOWLEDEMENT GIVEN BY THE SURVIVORS OF THE JOINT HIRERS**

\* I, Shri/Smt. \_\_\_\_\_ (Nominee)

\* We, Shri/Smt. \_\_\_\_\_ (Nominee),

Shri/Smt. \_\_\_\_\_ and Shri/Smt. \_\_\_\_\_ the survivors of the joint hirers, hereby acknowledge the receipt of the contents of the safety locker comprised in and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. \_\_\_\_\_ (Nominee)      Shri/Smt. \_\_\_\_\_  
(Survivor)

Signature \_\_\_\_\_      Signature \_\_\_\_\_

Date & Place \_\_\_\_\_

(Survivor)      Shri/Smt. \_\_\_\_\_

Signature \_\_\_\_\_

Date&place \_\_\_\_\_

NOTE:

It is made clear that access to locker is given to survivor(s) / nominee(s) only as a trustee of the legal heirs of the deceased locker hirer on the condition that such access if given to survivor(s) / nominee(s) shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.



**Annexure – 9.**

**Form of Inventory of Contents of  
Safety Locker Hired from Banking Company  
(To be used where there is no nomination or survivorship clause)**

The following inventory of contents of Safety Locker No. \_\_\_\_\_ located in the Safe Deposit Vault of \_\_\_\_\_ Branch at \_\_\_\_\_.

\* hired by Shri/Smt. \_\_\_\_\_ (deceased) in his/her sole name.

\* hired by Shri/Smt. (i) \_\_\_\_\_ (deceased)  
(ii) \_\_\_\_\_ Jointly  
(iii) \_\_\_\_\_

was taken on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Sr.No	Description of Articles in Safety Locker	Other identifying particulars, if any

For the purpose of inventory, access to the locker was given to the legal heir(s)/a person mandated by the legal heir(s) and surviving hirers

- By breaking open the locker under his/her/their instructions.
- Who produced the key to the locker. (Delete whichever is not applicable)

The above inventory was taken in the presence of :  
Legal heirs of deceased joint hirer(s)/person mandated by legal heirs

1. Shri/Smt. \_\_\_\_\_ (Signature)

Address . \_\_\_\_\_

Shri/Smt. \_\_\_\_\_ (Signature)

Address . \_\_\_\_\_

And

Shri/Smt. \_\_\_\_\_

Survivors of

Joint hirers

(Signature)

Address \_\_\_\_\_

Shri/Smt. \_\_\_\_\_ (Signature)

Address. \_\_\_\_\_

2. Witness (es) with name, address and signature:

**ACKNOWLEDGEMENT**

\* I, Shri/Smt. \_\_\_\_\_ legal heir/mandate holder

\* We, Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ legal heirs and

Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ surviving heirs

hereby acknowledge the receipt of the contents of the safety locker comprised in ad set out in the above inventory together with a copy of the said inventory.

Shri/Smt. \_\_\_\_\_  
(Legal Heir/Mandate Holder)

Shri/Smt. \_\_\_\_\_ Signature \_\_\_\_\_

Shri/Smt. \_\_\_\_\_ Signature \_\_\_\_\_

Shri/Smt. . \_\_\_\_\_ Signature \_\_\_\_\_

Date & Place \_\_\_\_\_

(\* Delete whichever is not applicable)

**Annexure – 10.**

**Form of Inventory of articles left in  
Safe Custody with banking company  
(Section 45ZC (3) of the Banking Regulation Act, 1949)  
(To be used where there is nomination or survivorship clause)**

The following inventory of articles left in safe custody  
with \_\_\_\_\_ branch, by Shri/Smt. \_\_\_\_\_ (deceased)  
under an agreement/receipt dated \_\_\_\_\_ was taken on this, \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_.

Sr.No.	Description of Articles in Safe Custody	Other Identifying Particulars, if any

The above inventory was taken in the presence of:

1. Shri/Smt. \_\_\_\_\_ (Nominee)

Shri/Smt. \_\_\_\_\_

(Appointed on behalf of minor Nominee)

Address \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

I, Shri/Smt. \_\_\_\_\_ (Nominee / appointed on behalf of minor  
Nominee) hereby acknowledge receipt of the articles comprised and set out in the  
above inventory together with a copy of the said inventory.

Shri/Smt. \_\_\_\_\_ (Nominee)

Signature \_\_\_\_\_

Date & Place \_\_\_\_\_

Shri/Smt. \_\_\_\_\_

(Appointed on behalf of minor Nominee)

Signature \_\_\_\_\_

Date & Place \_\_\_\_\_

**NOTE:**

It is made clear that access to safe custody articles is given to survivor(s) / nominee(s)  
only as a trustee of the legal heirs of the deceased depositor of Safe Custody articles on  
the condition that such access if given to survivor(s) / nominee(s) shall not affect the  
right or claim which any person may have against the survivor(s) / nominee(s) to whom  
the access is given.

**Annexure –11.**

**Form of Inventory of articles left in Safe Custody with banking company  
(To be used where there is no nomination or survivorship clause)**

The following inventory of articles left in safe custody  
With \_\_\_\_\_ branch, by Shri/Smt. \_\_\_\_\_  
(deceased) under on agreement/receipt dated \_\_\_\_\_ was taken on this, \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

Sr.No	Description of Articles in Safety Locker	Other identifying particulars, if any

The above inventory was taken in the presence of,  
Legal heirs or a person mandated by legal heirs

1. Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

Address . \_\_\_\_\_

2. Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

Address. \_\_\_\_\_

---

**ACKNOWLEDGEMENT**

\* I, Shri/Smt. \_\_\_\_\_ legal heir/mandate holder

\* We, Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ legal heirs and

Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ surviving hirers

hereby acknowledge the receipt of the articles comprised and set out in the above inventory together with a copy of the said inventory.

Shri/Smt. \_\_\_\_\_  
(Legal Heir/Mandate Holder)

Shri/Smt. \_\_\_\_\_ Signature  
\_\_\_\_\_

Shri/Smt. \_\_\_\_\_ Signature  
\_\_\_\_\_

Shri/Smt. . \_\_\_\_\_ Signature  
\_\_\_\_\_

Date & Place \_\_\_\_\_  
(\* Delete whichever is not applicable)



**Annexure-12**

**AFFIDAVIT (Relating to Missing Person)**

I / We ..... S/o / D/o / w/o ..... aged about..... years, residing at ..... do hereby solemnly affirm and sincerely state as follows:

I/We are the deponent herein.

I/we submit that Sri / Smt..... (Name of the missing person) residing at..... is my/our .....(relationship with the missing person), has been missing from.....(date).

I/We submit that Sri / Smt..... (name of the missing person) is holding a deposit with ----- branch of Tamilnad Mercantile Bank Ltd in his/her name.

I/ We submit that all efforts were taken by me/us to trace him/her and a paper publication was made in..... (name of the news paper) on .....(date of publication) regarding the fact of his/her missing but in vain. In addition to that a police complaint was filed with... .. (Police station) on ..... (date) regarding his/her missing.

I/We submit that police authorities have reported that Sri / Smt.....(name of the missing person) could not be traced and has submitted a non-traceable report to that effect. Further no person has seen or has reported having seen Sri / Smt.....(name of the missing person) after.....(date of missing).

I/We submit that, I/ We are the only legal heirs entitled to the deposits standing in the name of Sri./ Smt.....(name of the missing person).

I/We submit that, the copy of the police complaint, non-traceable report copy, copy of news paper publication, other documents required including letter of indemnity required by the bank for settling the claim as death claim etc are already submitted to The Manager, Tamilnad Mercantile Bank Ltd.,(name of Branch).

I/We submit that the above said facts are true and correct.

I/We state that, this affidavit is executed for the purpose of settlement of the said deposit.

Solemnly affirmed and signed  
before me at.....on.....

**DEPONENT/S (Legal heirs)**

**NOTARY PUBLIC**

**Annexure-13**

**LETTER OF INDEMNITY**  
**(Relating to Missing Person)**

THIS LETTER OF INDEMNITY executed at ..... on this.... day of.... by

- i. Sri./ Smt.....S/o....., residing at .....
- ii. Sri./ Smt.....S/o....., residing at .....
- iii. Sri./ Smt.....S/o....., residing at .....

(Hereinafter referred to as 'the obligor' which term shall mean and include their legal heirs) in favour of

'TAMILNAD MERCANTILE BANK LTD., a scheduled bank having Head office at 57,V.E.Road, Tuticorin -628002 and one of its branch at..... (Hereinafter, referred to as "Bank"), represented by its..... (which term and expression shall unless repugnant to the context mean and include its successors and assigns.)

**WHEREAS-**

- 1. Sri / Smt..... (name of the missing person) who was residing at..... is .....(relationship with the missing person) of the obligor/s and holding a deposit (morefully described in the Schedule A hereunder) with ,..... (Name of the branch) of Tamilnad Mercantile Bank Ltd was missing from.....
- 2. The obligor is/are the legal heir/s of Sri / Smt.... (Name of the missing person) has/have taken all steps to trace him and has/have filed police complaint, made a paper publication, but in vain and Sri / Smt is not known for the last 7 years and he/she is presumed as dead.
- 3. The obligor has claimed the deposit standing in the name of Sri / Smt..... as the legal heir of Sri / Smt..... and has submitted the copy of the complaint filed before Police authorities, paper publication, not traceable certificate issued by police, and sworn an affidavit to this effect and bank has agreed to settle the proceeds of the deposit which is more fully described in the schedule on condition that the obligor has to indemnify the bank for any loss/damages that may be incurred by the bank on account of settling the claim of the obligor and also undertake to return back the amount settled in his favour with interest on the amount settled to him for the period between the date of settlement of claim in his favour and date of returning the deposit amount.

NOW THIS WITNESSETH that, the obligor in consideration of bank agreeing to settle the claim of the obligor, undertakes to return the amount settled in his favour more fully described in the Schedule with interest on the said amount for the period between the date of settlement of claim in his favour and date of returning the amount and indemnify and keep indemnified the Bank at all times against all loss, cost, charges and expenses whatsoever of nature that the Bank may incur or suffer on account of bank settling the deposit mentioned in the schedule in favour of the obligor on the strength of the above said documents or any rival claim/any person claiming / establishing to be the legal heir of Sri./ Smt.....(name of the missing person) or in the event of Sri/Smt.....(name of the missing person) returns/is traced.

IN WITNESS WHEREOF the obligor has put his hand on the day and year first hereinabove written.

**SCHEDULE**

**Details of Deposits to be specified**

WITNESSES:

1.

2.

OBLIGOR /S

1.

2.

Note: Details of obligor shall suitably incorporated depending upon the number of legal heirs. Obligor includes all legal heirs and 2 sureties.

**Annexure-14**

**AGREEMENT TO INDEMNITY**

This agreement made at.....this .....day of .....200  
executed by Sri.....S/o/w/o/ d/o .....aged  
.....years  
residing at.....hereinafter called the nominee(2)  
Sri.....s/o .....w/o .....d/o  
.....aged.....years residing  
at.....and the parties (1) and (2) hereinafter collectively called  
the INDEMNIFIERS which expression shall wherever the context so admits or  
requires, mean and include their respective successors and assigns in favour of  
Tamilnad Mercantile Bank Ltd., a body Corporate constituted under the Indian  
Companies Act 1956 with its Regd. Office at 57, V.E.Road, Tuticorin and among  
others a branch Office at..... hereinafter called the Bank which expression  
shall wherever the context so admits or requires shall mean and include its successors  
and assigns.

Whereas the Depositor/s had deposited a sum of Rs.....in Fixed  
Deposit/Mini MKD/Navarathnamala Deposit opened on .....with the  
Bank at .....% interest for a period of .....days/weeks/months for  
which the Bank issued the deposit receipt bearing.....Deposit Receipt  
No.....dated ...../opened on .....SB/DSD/CA Account with  
number.....

Whereas the Depositor has/have lost or misplaced the said Pass book /Deposit receipt /  
amd the same is not traceable, and Sri.....the nominee has represented to  
the Bank that the Deposit receipt / Pass book is lost/ untraceable and that he may be  
repaid with the deposit amount without the production of the deposit receipt/pass book.

Whereas the nominee/s has also assured the Bank and the Fixed Deposit Receipt  
/Muthukkuvial Deposit receipt /Mini MKD /Navarathnamala Deposit /Pass book  
remains untraced and that in case the receipt/ pass book is found out or the nominee  
comes into possession of the same at any time, he will immediately inform the Bank  
and handover the same to the Bank .

Whereas the Bank has agreed to repay the deposit amount of  
Rs.....without the production of the said deposit receipt /pass book on  
condition that the nominee along with other respectable and creditworthy person shall  
indemnify the Bank against all losses etc., that may be caused to the Bank as a  
consequence of repayment of deposit without production of the receipt / pass book.

IN CONSIDERATION OF THE PROMISES, the Indemnifiers execute the indemnify  
and this Deed witnesseth as follows:-

i) In consideration of the Bank making repayment of the deposit amount in the name of  
.....without the production of Deposit Receipt /Pass book referred to  
above bearing No.....date.....Rs.....(Rupees in  
words.....) the original of which has been lost and has not been pledged,  
transferred or assigned to any other person, the nominee and the indemnifiers hereby  
jointly and severally agree to indemnify and keep indemnified the Bank, their  
successors and assigns harmless against all loss, claims, costs, charges, expenses and  
consequences that may arise from their so making payment of the Deposit from  
wrongful dealing or encashment of the original .....in any manner  
whatsoever or any other consequences connected with the said Deposit Receipt or  
duplicate thereof and we, the said nominee and the indemnifiers further undertake to  
deliver to the bank the said original Deposit Receipt if and when found.



IN WITNESS WHEREOF THE Depositor and the indemnifiers have hereunto affixed their respective hands the day and year first above written.

Witness

Nominee

- 1.
- 2.
- 3.

Indemnifier.