

DEPARTMENT OF POSTS

Claim application form for settlement of the claim to a Savings Bank Account of the deceased depositor where nomination has been registered with the Post Office

To

The Postmaster
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Sir

I/We hereby claim the payment of the balance at credit of the Savings Account No. standing in the name of the deceased in the books of (name of post office). In support of the claim, I/We hereby submit

- (i) Passbook of Account No.
- (ii) A certificate of death of the depositor
- (iii) A certificate of death of the other nominee, if any

The nomination was registered at Post Office under No. dated

Date
Address

Yours faithfully
Signature or thumb impression of the claimant if illiterate

Date
Address of Guardian
.....

Signature of the Guardian appointed to receive the amount on behalf of Minor nominee(s)