



DECEASED CLAIM APPLICATION FORM

Date: / /

Branch Manager/STSO,

..... Branch/ Uposhakha,
IFIC Bank Limited

Following is the information of a deceased account holder and information of Nominee/Successor/Legal Guardian/Authorized Person of the respective accounts. Requesting the bank authority to do the necessary settlement.

Information of Deceased Account Holder

Account Number							
Account Title							
NID/Smart ID Number							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Death				Cause of Death			
Type of Documents Provided	<input type="checkbox"/> Death Certificate		<input type="checkbox"/> Doctor's Certificate		<input type="checkbox"/> Graveyard's Certificate		
	<input type="checkbox"/> NID/Smart ID		<input type="checkbox"/> Others				

Information of Nominee/ Successor (If No Nominee Is Available)

Name of Nominee/ Successor							
Father's/Husband's Name of Nominee/Successor							
Relationship with Accountholder				Contact No.			
Address							
Type of Documents Provided	<input type="checkbox"/> NID/Smart ID	<input type="checkbox"/> Succession Certificate	<input type="checkbox"/> Others				
NID/Smart ID Number							

Information of Authorized Person (As Per Section 103(2) Of Bank Company Act,1991)/Legal Guardian (In Absence of Authorized Person)

Name of Nominee				Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Authorized Person/Legal Guardian							
Father's/Husband's Name of the authorized person/Legal Guardian							
Relationship with Nominee				Contact No.			
Address							
Type of Documents Provided	<input type="checkbox"/> NID/Smart ID	<input type="checkbox"/> Birth Certificate (Nominee)	<input type="checkbox"/> Others				
NID/Smart ID/Birth Cert. Number							

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 IFIC Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which IFIC Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature of 1st Nominee/ Successor/ Legal GuardianSignature of 2nd Nominee/ Successor/ Legal Guardian**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.

Initiating Officer's Signature

Name:
Date:
EID:

Approving Officer's Signature

Name:
Date:
EID: