

ANNEXURES

Annexure A1. Claim Application Form

Date: To,

Citibank, N.A.

Re: Death of Account holder

Dear Sir/Madam,

This letter is regarding the following account/accounts/locker:

Held ¹

☐ Individually by

☐ Jointly by

☐ By Account holder (One Person
Company/HUF/Partnership Firm) through its
Subscriber/Karta/Partners

Subscriber/Karta/Partners

I/We declare that account holder(s)/locker hirer/_____died on _____.

I/We, _____,(Relationship to Deceased) of the deceased, residing at

_____, and:

A. For Joint accounts with Survivorship mandate where at least one survivor exists and this application form to be signed by all survivors

I/We am the surviving account holder/locker hirer of the captioned account(s). no _____

_____. Only for Accounts/lockers with Nominee

I, _____ am the registered nominee of the captioned account(s)/locker

no. _____ and I am over 18 years of age as of the date of this claim.

☐ The nominee _____ of the captioned account(s)/locker, _____, is a minor as

of the date of this claim. I, _____ am the person authorized to receive payment/contents

of locker on his/her behalf.

- Note: you can only complete this application letter if you are the nominee of (i) an individually held account, or (ii) a joint account and there are no surviving account holders.

¹If you are a surviving account holder or a nominee, please only list the account or accounts for which you are the joint account holder or nominee and this application form to be signed by all survivors. Please put tick mark for applicable portions.

B. Only For One Person Company Accounts

I, _____ am the registered nominee for the above Account Holder Company.

C. Only For HUF/Partnership Accounts

I am one of the coparceners/members/partner (As applicable captioned Account holder HUF / Partnership firm) List all other (coparcener and members) / (partners and legal heirs of deceased partner) of Account Holder

HUF/partnership firm (Note: If there are more members/partners and legal heirs of deceased partner, please include the required information on a separate sheet and attach to this letter.)

NAME	ADDRESS	STATUS WITHIN ACCOUNT HOLDER

Please complete Annexure A2/A5 as applicable.

D. For other accounts and Term Deposits²

- ☐ I am the sole legal heir (as per the applicable laws of succession) of the deceased account holder(s)/locker hirer(s).
- ☐ I am one of the surviving holder/legal heirs (as per the applicable laws of succession) of the deceased account holder(s)/locker hirer.

List all other legal heirs/surviving holder (Note: If there are more legal heirs, please include the required information on a separate sheet and attach to this letter.)

NAME	ADDRESS	STATUS WITHIN ACCOUNT HOLDER

Please also complete Annexure A-2.

- ☐ Close the captioned account(s) and send the proceeds of the account balance(s) in name to address/bank account as indicated below:
- ☐ RTGS ☐ NEFT ☐ Account to Account Transfer ☐ Demand Draft ☐ Foreign Currency Telegraphic Transfer (FCTT)

Beneficiary Name: _____ Beneficiary Bank: _____

Beneficiary Account Number: _____ IFSC/Swift/Routing code: _____

Beneficiary Address (incase of Cheque/Demand Draft): _____

Currency of transfer:

- ☐ INR ☐ USD ☐ EURO ☐ GBP ☐ SGD ☐ CAD ☐ AUD (Foreign currency transfers are only applicable for FCNR & NRE Accounts)

Note: If you are a surviving account holder of a Term Deposit Account and you do not have a survivorship consent from all account holders in place for your account, you must also complete Annexure A-3 if you choose to pre- terminate the deposit.

[OR]

- ☐ Close the captioned locker and hand over contents of the locker to me.
- To close a locker you need to complete Annexure A-4.
 - If you are surviving locker hirer, you must complete Annexure A-3 along with the legal heirs of the deceased hirer to effect surrender of the locker.

Please note that in order to avail a new locker facility, you must complete the applicable locker hire form (existing locker hirer or new applicant) and provide any documents required for locker facility. You must also note that providing locker facility is at sole discretion of Citibank and you will not hold Citibank liable in case your application is rejected for any reason.

[OR]

- ☐ Close the account and use the applicable account balance(s) to open a new account in my name.

²please put tick mark for applicable portions

³please put tick mark for applicable portions

- If you are a surviving account holder of a Term Deposit Account and you do not have a survivorship consent from all account holders in place for your account, you must also complete Annexure A-3 if you choose to pre- terminate the deposit.
- Please note that in order to open a new account, you must complete the applicable account application form (existing account holder or new applicant) and provide any documents required for account opening. You must also note that opening of a new account is at sole discretion of Citibank and you will not hold Citibank liable in case your application is rejected for any reason.

[OR]

- ☐ Close the captioned account(s) and send a check for the amount of the applicable account balance(s) in name of Account Holder Company/HUF/Firm as indicated below.

Name:

Address:

Bank Details:

In connection with the submission of this letter application, I/We attest and confirm the following:

- I/We are over 18 years of age as of the date of this claim;
- there is no order of a court of law or any dispute regarding the account(s) that restrains the bank to release moneys in the captioned account(s)/content of captioned locker(s);
- The information provided in this letter application is complete and accurate to the best of my knowledge, information and belief and I will be liable to compensate the Bank for any loss it may suffer as a result of any incompleteness or inaccuracy in this information.
- I/We will indemnify and hold the Bank harmless and free at all times, from any and all harm, expenses, liabilities, damages, claims and legal proceedings, including, without limitation, any attorney's fees and costs, whether direct or indirect, which the Bank may suffer at any time as a consequence of, or arising out of taking or attempting to take, or refusing to take or omitting to take, actions based on the information provided by me in this letter application or otherwise in connection with this claim by me/us in this letter application or otherwise in connection with this claim.
- I/We confirm that I/We receive the payment from the Bank in trust for the benefit of the legal heir(s) and beneficiaries of the deceased i.e., such payment to me/us shall not affect the right or claim which any person may have against me/us. I/We confirm that I/We will be responsible to ensure that the amount is made available to such persons. Accordingly, I/we will ensure that the rights that any person has to the amount, are not prejudicially affected and I/We will be solely liable if the rights are so affected.

I/We also submit the following documents in support of this letter application:

1. _____
2. _____
3. _____

Signature _____

Name: ⁷ _____

⁷Include additional rows for multiple claimants.

Annexure A2. Declaration from the Nominee/Survivor - Account (DECEASED):

To be used when the account has nomination or survivorship clause

Date: _____

To

Citibank, N.A.

Re.: Account No.: _____ / Locker No.: _____

Dear Sirs,

The captioned account at your branch is in the name(s) of the account holder(s) named below:

I, hereby, advise that the account holder(s)/subscriber of Account holder Company, died on _____

I, _____, son/daughter/wife of _____

residing at _____ state as follows*:

☐ I am the registered nominee in the captioned account.

[OR]

☐ I am the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above account and is a minor as on the date of this claim.

[OR]

☐ I/We are the Survivor(s) and joint holder(s) in the captioned account(s),

[OR]

☐ I am the registered nominee for the above Account Holder Company.

A. To be filled only for individual accounts)*

☐ Please settle the balance in the account in my/our name(s).

[OR]

☐ Please delete the name of from the account and continue the account in my/our name(s).

B. To be filled for One Person Company Account)*

☐ Please allow me to operate the Account as subscriber of the Account Holder Company

[OR]

☐ Please settle the balance in the account in the name of the Account Holder Company.

There is no order of a court of law or any dispute on account of which the Bank may not make such payment to me. I/We confirm that I/We receive the payment from the Bank in trust for the benefit of the legal heir(s) and beneficiaries of the deceased. I/We confirm that I/We will be responsible to ensure that the amount is made available to such persons. Accordingly, I/we will ensure that the rights that any person has to the amount, are not prejudicially affected and I/We will be solely liable if the rights are so affected.

Yours faithfully

(Signature of registered nominee/survivor/joint account holder)

(Name of signee)

*Please tick mark as applicable

Annexure A3. Indemnity form for Deceased/Missing persons

To be executed by all the legal heirs of the deceased/missing person and duly stamped as per the Stamp Act applicable to the State where it is executed

(Matter not applicable in a particular case should be struck out and the striking out initialed by all the parties)

THIS INDEMNITY is made and executed at (location address) _____, on _____ this _____ day of 20____ by the following (collectively referred to as the **"Obligors"** hereafter, which shall, unless it be repugnant to the meaning or context thereof, be deemed to mean and include their respective heirs, assigns, executors, administrators and legal representatives):

S. No.	Name	Address	Relationship to Account Holder/Locker Hirer 8
1.			
2.			
3.			
4.			
5.			
6.			

IN FAVOR OF: Citibank, N.A.

WHEREAS:

(i) The following account holder(s)/locker hirer(s):

holding the following account(s)/locker(s) with the Bank:

☐ Individual Account(s)/locker(s) ☐ Joint Account(s)/locker(s)

has/have:

☐ died on (date) , and left no will

☐ not been traceable and hence presumed dead under the provisions of the law, and left no will

(ii) The Obligors are the surviving legal heir(s) according to the law of intestate succession, applicable to the deceased Account holder

(iii) The Obligors have approached the Bank and have requested the Bank to release the funds in the account(s) of the deceased/missing account holder or surrender the locker and hand over contents of locker to the following persons as, mentioned in table below, without furnishing the bank with a succession certificate, or letters of administration or probate order.

Name of Obligor	Obligor No.	Amount (only for accounts)

(iv) The Obligors represent and warrant the following:

- a. There are no claimants other than the Obligors;
 - b. The Obligors have commonly agreed, and have no objection, to the person named in (iii) above receiving the proceeds of the accounts of the deceased/missing account holder or contents of locker held by the deceased/missing locker hirer;
 - c. There is no dispute, existing or threatened, or pending litigation on account of which the Bank may not act as requested,
 - d. The Bank may rely on the truth and accuracy of the information provided herein to release the funds in the account(s)/surrender and hand over contents of locker in the manner requested without insisting on production of letters of administration, succession certificate and probate order from the competent court in India.
- (v) The Obligor as named in (iii) above hereby represents, declares and confirms that he/she will receive the payment from the Bank in trust for the benefit of the legal heir(s) and beneficiaries of the deceased i.e., such payment to the person named in (iii) above shall not affect the right or claim which any person may have against him/her and he/she confirm that he/she will be responsible to ensure that the amount is made available to such persons. Accordingly, the person named in (iii) above will ensure that the rights that any person has to the amount, are not prejudicially affected and he/she will be solely liable if the rights are so affected.

NOW, THEREFORE,

1. The Bank has agreed to the request of the Obligors, based on the above information and in reliance on the foregoing representations and warranties, to pay the funds standing to the credit of the aforesaid account(s) of the deceased/missing account holder or hand over contents of locker as directed in clause (iii) above, in consideration for which the Obligors hereby jointly and severally agree and undertake to indemnify and hold the Bank harmless and free at all times hereafter against any and all future claims that may be made by any person of whatsoever nature or character or identity, and from any and all harm, expenses, liabilities, damages, claims and legal proceedings, including, without limitation, any attorney's fees and costs, whether direct or indirect, which the Bank may suffer at any time as a consequence of, or arising out of taking or attempting to take, or refusing to take or omitting to take, actions based on the information provided by the Obligors in this letter application or otherwise in connection with this claim.
2. Without prejudice to the foregoing, the Obligors further jointly and severally confirm that in case any claim is received by the Bank in respect of the amounts disbursed/contents of locker handed over in connection with this claim, then on the written demand of the Bank, and without any protest or demur, the Obligors shall deposit the same with the Bank.

IN WITNESS WHEREOF, the Obligors have signed this indemnity at the place and on the day, month, and year first written above in the presence of the following witnesses:

WITNESSES:

1. _____

NAME: _____

2. _____

NAME: _____

OBLIGORS:

Obligor 1: _____

Obligor 2: _____

Obligor 3: _____

Obligor 4: _____

Annexure A4. Declaration from the Claimant/Survivor - delay in intimation of death

Date:

To

Citibank, N.A.

Re.: Account No.: _____

Dear Sirs,

The captioned account at your branch is in the name(s) of the account holder(s) named below:

We declare that the account holder(s), died on _____

I, _____, son/daughter/wife of _____ residing at _____

_____ state as follows:* (please tick whichever is applicable)

☐ I am the registered nominee/survivor in the captioned account. [OR]

☐ I/We are the legal heirs of the deceased account holder.

I/We state that the Bank has been informed by me/us about death of the account holder on _____ (date)

and this information was not provided to the bank by me/us due to _____ (reason).

Please settle the balance in the account as per the claim letter by me/us. There is no order of a court of law or any dispute on account of which the Bank may not do so.

Yours faithfully

(Signature of registered nominee / survivor / joint account holder)

(Name of signee)

Annexure A5. Inventory Format

Safety Deposit Locker Hired from CITIBANK, N.A. (Section 45ZE (4) of the Banking Regulation Act, 1949)

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 ____.

S. 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: (please tick whichever is applicable)

☐ who produced the key to the locker

☐ by breaking open the locker under his/her/their instructions.

A. The above inventory was taken in the presence of:

1. Shri/Smt. _____ (Nominee)

Address: _____

Signature: _____

2. Shri/Smt. _____ (Survivor of joint holders)

Address: _____

Signature: _____

3. Shri/Smt. _____ (Survivor of joint holders)

Address: _____

Signature: _____

B. Witness(es) with name, address and signature: (please tick whichever is applicable)

☐ I, Shri/Smt. _____ (Nominee)

☐ We, Shri/Smt. _____ (Nominee), Shri/Smt. _____ and _____

_____, 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)

Signature _____

Date & Place _____

Shri/Smt. _____ (Survivor)

Signature _____

Date & Place _____

Shri/Smt. (Survivor) _____

Signature _____

Annexure A6. Declaration-cum-Indemnity w.r.t change of Karta in the Account

To duly stamped as per the Stamp Act applicable to the State where it is executed

I/We do hereby solemnly affirm and sincerely state as follows:

I/We inform you that "Mr. (*) _____" passed away on _____ and he was the Karta of the _____ (Name of the HUF) holding Account No. _____ with _____ branch of Citibank, N.A

I/We inform you that the following are the only living coparceners/members of the _____ (Name of the HUF) and that there are no other coparceners/ members for the said HUF:

S. No.	Name	Age (years)	DOB	Status (Member/ Coparcener)

I/We declare that (please tick as applicable)

- ☐ The said HUF has been dissolved and we request you to Close the captioned account and send balance amount of the applicable account balance(s) in the name of _____ to _____, as also directed in Annexure A1. I/We understand that the disbursal of the balance amount is subject to our submission of documents as required by the Bank.

[OR]

- ☐ The said "HUF" has not been dissolved and that it continues to survive after the death of Mr. (*). I /We further inform you that "Mr. (#) _____" is the senior most coparcener of the HUF/ is the new Karta of the said HUF and I /We authorize him and have no objection to his operating the said account, and to deal with all matters pertaining to the affairs of the "HUF". I/We further confirm and agree to be bound by all documents and terms and conditions applicable to the account and its operation as may have been signed at the time of account opening.

I/We have, therefore, approached you with a request to close the account as directed above or replace the name of the deceased Karta with the name of the new Karta "Mr. (#) _____" for which I /We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration thereof my/our request to close the account/replace the name of the Karta in the above-mentioned account in the place of deceased Karta, I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless the Bank and its employees for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever that the Bank and its employees may suffer and/or incur in this regard.

I/We declare and undertake that this Declaration-cum-Indemnity shall be binding to all our successors, employees, agents, executors and administrators.

IN WITNESS WHEREOF THE said "Mr. (#) " has here unto set their respective hands and seals this day of . Signed and delivered by the said applicant.

(Name of the Karta)

1. _____

Name & Address of coparceners and/ or

Signature of the coparceners and / or
members of the HUF members of the HUF

1. _____

2. _____

Witnesses Name and Address [Mandatory]

Witnesses Signature

1. _____

2. _____

Date: _____

Place: _____

(*) = Name of the deceased Karta [Unit Holder]
(#) =Name of the new Karta
(§) = Name of the members of HUF
⁹Mention details for disbursal of funds

Annexure A7. No Objection Letter

To be used for cases with multiple legal heirs in proof of legal representation

Date: _____

Citibank, N.A.

Re: No Objection for disbursement of funds/release of locker contents

Dear Sir or Madam,

This letter is regarding the following account(s)/locker:

held 10

☐ individually

☐ jointly

by

We declare that following account holder(s)/locker hirer(s):

have died on _____ .

Vide probate order/succession certificate/legal heir ship certificate/letters of administration dated [.] the following have been recognized as legal heirs/executors of above deceased byⁱⁱ

S. No.	Name	Age (years)	Relationship with Deceased

We hereby confirm our no Objection to bank for disbursing funds in the captioned account of deceased account Holder or release contents of locker in captioned locker of locker hirer to the following persons. We agree and confirm that we shall not hold Citibank responsible or liable at any time in this regard.

Name	Amount (in Rs.) (Only for Account)

Yours faithfully¹²

Signature of all legal heirs ¹³

Name of all legal heirs

1.	_____	_____
2.	_____	_____
3.	_____	_____

¹⁰Please put tick mark for applicable portions
¹¹Mention details of issuing authority

Annexure A8. Declaration for opening of estate account

Date To

Citibank, N.A.

Sub: Opening of an Estate Account for Mr. / Mrs.

Ref: My/Our letter dated informing the death of Mr./Mrs./Ms.

Dear Sirs,

This is in furtherance to (i) the above referred letter addressed by me/us to the Bank and (ii) the clarification I/we received from _____ about the process applicable for permitting the pipe line flows of credit in the name of Mr./Mrs./Ms. _____ ("Account holder"), who held an account [Number: _____] with your bank.

I/We would request you to open an estate account in the name of the above mentioned Account Holder for the sole purpose of facilitating the credits that are expected to be received in the name of Mr./ Mrs./Ms. .

I / We understand, agree and acknowledge that:

- i. Mr./Mrs./Ms. _____ ("Account Holder") has died on _____ and I/We have informed the Bank about the death of Account holder with a request dated to open the Estate Account in the name of Account holder
- ii. I/We shall adhere to the Bank's extant Policy and documentation requirements for settling the balance proceeds in the Estate Account in favor of legal heir(s).
- iii. I/We shall ensure full disclosure of the details of all legal heirs (of Mr./Mrs./Ms.) _____ are submitted to Bank .
- iv. All instruments standing in the name of Mrs. to the account of Late Mr/Mrs./Ms. _____ will be credited to this account;
- v. No debits or other operations will be allowed in this account;
- vi. I/We shall not claim any right over the funds and/or operations at any time, pending settlement/closure of the account as per process stipulated by Bank;
- vii. The final settlement proceeds of the Estate account standing in the name of Mr./Mrs. /Ms. _____ shall be done by the Bank in favor of legal heir(s), after receipt of the death claim documentation stipulated by the Bank.

I/We declare that I/we am/are making the aforesaid declaration solemnly and sincerely believing the same to be true and knowing fully well that based on our specific request, statements, declarations, Citibank has agreed to extend the above facility.

I/ we request you to update following details for correspondence -

Address _____

Telephone number _____

Email _____

Thanking You,

Yours sincerely

Name: , _____ Signature _____

Name: , _____ Signature _____

Name: , _____ Signature _____

Name: , _____ Signature _____

Annexure A9. Declaration cum Indemnity for opening of estate account

Date

To

Citibank, N.A.

Sub: Opening of an Account in the name Estate of Late [.]

Dear Sirs,

I/We would request you to open an estate account in the name of "Estate of Late (deceased)" ("Estate account") basis probate order dated _____ issue by the Hon'ble _____ in favour of _____ ("Probate Order").

I / We understand, agree and acknowledge that:

- i. Mr./Mrs./Ms. ("Deceased") has died on _____ and I/We have informed the Bank about the death of Deceased on _____ with a request dated to open the Estate Account in the name of "Estate of Late (Deceased)"
- ii. I/We shall adhere to the Bank's extant Policy and documentation requirements for settling the balance proceeds in the Estate Account.
- iii. Vide probate order dated _____ issued by the Hon'ble _____, I/We have been appointed as executor(s) of will of the deceased. Accordingly, the signature rule of the estate account will be _____
- iv. I/We hereby assure, agree, represent to the Bank that all transactions including credit, debits, etc., in the estate account shall be done by me/use strictly as per the probate order and will of deceased.
- v. The final settlement proceeds of the Estate account standing in the name of Mr./Mrs. /Ms. _____ shall be done by the Bank, after completion of all requirements as stipulated under the Deceased Depositor's Policy of the Bank.

I/We declare that I/we am/are making the aforesaid declaration solemnly and sincerely believing the same to be true and knowing fully well that based on our specific request, statements, declarations, Citibank has agreed to extend the above facility.

I/We understand, agree, accept and acknowledge that

- i. the Bank has agreed to my/our request to open above mentioned estate account, based on the above information and in reliance on the foregoing representations and warranties, to operate the estate account, in consideration for which I/We hereby jointly and severally agree and undertake to indemnify and hold the Bank harmless and free at all times hereafter against any and all future claims that may be made by any person of whatsoever nature or character or identity, and from any and all harm, expenses, liabilities, damages, claims and legal proceedings, including, without limitation, any attorney's fees and costs, whether direct or indirect, which the Bank may suffer at any time as a consequence of, or arising out of taking or attempting to take, or refusing to take or omitting to take, actions based on the information provided by the me/us in this declaration cum indemnity or otherwise in connection with opening and operation of the estate account. The Bank may pursuant to a written demand call on the undersigned to make good any claim pursuant to this indemnity and the undersigned shall without any protest or demur, deposit such amounts as may be claimed by the Bank.

- ii. this Declaration-cum-Indemnity shall be binding to all our successors, employees, agents, executors and administrators.

Thanking You,

Yours sincerely,

Name: _____, Signature _____

Name: _____, Signature _____

Name: _____, Signature _____

Name: _____, Signature _____