



.....
Branch

Date:

Dear Sir/ Madam,

CLAIM TO THE FUNDS OF A DECEASED ACCOUNT HOLDER

This is in reference to your letter dated advising the death of Mr. / Mrs. / Ms While expressing our deepest sympathies to the bereaved family members we shall like to receive this form duly perfected. Originals of undermentioned documents called for (marked x) should be submitted for perusal facilitate release of funds to legal heirs.

However, the Bank may call for further documents if it deems necessary.

- | | |
|--|--------------------------|
| a. Certificate of Death of the Deceased | <input type="checkbox"/> |
| b. Marriage Certificate of the Deceased | <input type="checkbox"/> |
| c. Birth Certificate/s of the child/ children of the Deceased if any | <input type="checkbox"/> |
| d. Savings Pass Books | <input type="checkbox"/> |
| e. Fixed Deposit Receipts | <input type="checkbox"/> |
| f. Unused cheque leaves | <input type="checkbox"/> |
| g. N.I.C./Valid Passport of the claimant | <input type="checkbox"/> |
| h. Other required documents - | |

Yours faithfully,

Customer Service Manager/ Manager

Note: This form should be only submitted if the deceased has not left a last will and or the estate of the deceased is not subject to Administration.

Claim to the Moneys of late Mr/ Mrs / Ms.

Particulars of Bank Accounts in the Branch:

1. (a) Name & Address of Claimant:

(b) Age & NIC No. of the Deceased:

(c) Relationship to the Deceased or the capacity under which claim is made:

2. (a) Name in full of the Deceased Depositor	
(b) Date & Place of Death:	(c) Nationality:
(d) Age & NIC No. of the Deceased :	
(e) Status at the time of Death	: Single/ Married/ Widow/ Widower (Delete inapplicable)
(f) Governing Law (on inheritance)	: Common/ Kandyan/ Thesawalamai/ Muslim Law (Delete inapplicable)
If any other law, state	
3. If married, state the name and the present address of the spouse.	

4. (a) Did the Deceased leave any lawful children? Yes/No
 * If yes, given details.

Name	Age	Civil Status	If anyone is not Living Date of Death

If any one of the children has been mentioned as deceased and such deceased child has left children as his legal heirs, give the names of such children.

5. (a) Give the full Name and the present address of the Parents: (If anyone them is Deceased state date & Place of Death)

I.	Father
II.	Mother

• If the Depositor/ constituent died unmarried, questions 3 and 4 need not be answered.
--

6. (a) Did the Deceased leave any lawful brothers or sisters (both full and half)? **Yes/No**

If yes, give details

Full Name and Address	Age	State full or half brothers/ Sisters (if half, indicate whether from Mother's or Father's side)

(b) Did any of them pre- decess the depositor, leaving children? If so state full names and ages of them.

--

7. State the value of the property left by the Deceased

(a) Monies/ Credits in the Savings/ Current Accounts/ Fixed Deposits with this branch for which claim is made Rs.
(b) Value of other Properties Rs.

8. If the deceased was not domiciled in Sri Lanka at the time of his or her death, state the Names in full, addresses and ages of all the persons, who are entitled according to the law of the domicile of the Deceased to claim a share of the moneys in deposit.

9. To your knowledge, has the Deceased left a Last Will?

AFFIDAVIT

I....., bearing N.I.C.No.....
of..... (Postal Address),
being a Buddhist/ Hindu/ Muslim/ Christian/ Catholic do hereby solemnly, sincerely and truly declare and
affirm/ make oath and state that the answers contained in the foregoing form are correct.
And that the above named(Full name
of Deceased) is one and the same person as the Depositor/ Constituent described in your books as holding
a Savings/ Current/ Fixed Deposit Account No/s
respectively,

The foregoing affidavit having been duly read over and
interpreted by me to the within named deponent/ affirmant
in **Sinhala/ Tamil** his / her own language and he / she
appearing to understand the same* place his / her
signature/affixed his / her left thumb impression and cross
mark and deposed affirmed to the truth and correctness
thereof at thisday of20.....

Signature of Claimant,
(In the case of an illiterate claimant,
his / her left thumb impression and
cross mark)

*Strike off whichever is inapplicable

Before me

Justice of the Peace/
Commissioner of Oaths

At.

Full Name
Designation
Address

of Officer administering
the above
Oath/ Affirmation

CERTIFICATION

(The following Certificate must be signed by the Grama Niladari / Government Servant(Permanent) who possess an official stamp.)

I do hereby certify that the statements made by Mr/Mrs/Ms
in the foregoing form are true to the best of my knowledge and belief.

..... Day of20.....

.....
(Signature)

(Official Seal)

Full Name
Designation
Address