# 1. Claim application from Nominee

To The Branch Manager		From			
		anager _	(Name of requestor)		
Paytm Payments Bank Limited				(Email id	d & Phone number)
				(Ac	ldress of requestor)
		Date: DD.MM.YYYY			
SUB: <b>S</b> e	ettleme	ent of claims in respect of deceased acc	ount	holder	
Dear Si	r/Mada	am,			
		inform that Shri/Smt <date as="" death="" death<="" of="" per="" td=""><td></td><td></td><td></td></date>			
		account(s) with your bank. Particulars o			
	1	Name of the deceased account hold	er		
	2	Account number			
	3	Date of birth (DD.MM.YYYY) & Age		T	
	4	Nominee Name	1		
	5	Nominee Date of Birth			
	6	deceased.	the		
	8.	Account number and IFSC Code			
		/			
		Case: When nominee details are red		_	
	Α	<u> </u>		son/daughter	of Shri
		registered nominee of the account h			is the
		Case: when nominee details are recorded and nominee is minor  I			
	В	guardian ofabove mentioned account		, who is registered	d nominee for the
pay t	the p nt is m	Branch Manager, Paytm Payments Ban proceeds of the deposits menting (deposits menting) and the legal heip of the legal h	ioned ecease irs of erstan	above to me ed constituent). I un the deceased late d that the payment re	as nominee of derstand that this <enter eleased="" in<="" me="" name="" of="" td="" to="" us=""></enter>
		pect of the deposit:.	J	. ,	

The following document return original document	ts (photocopy) are provided along with t nts to us in due course.	he originals for due ve	erification. Please
<ul><li>Nominee Id proof</li><li>Nominee Address pro</li></ul>	(Registered Number) (ID proof Number) of (Document name) minee nent month)		
OR			
Cancelled Cheque			
"Account holder decease to effect payment thro	ents Bank Limited to return the pipeline sed" and to intimate me. Whereafter I/ough a negotiable instrument or through me of the appropriate beneficiary.	We could then appro	oach the remitter
·	he information furnished is complete nave not omitted or suppressed any in		-
Date:			
Place:	/		
Signature of the Nomine	ee:		
For Official Use of the E	 Bank		
7	f the claim application, personal interv death certificate and declaration, I sand r/Branch Officer.		
Place	, Date		
Name & Designation &	Signature of Grievance Officer/Branch (	Officer	
Approval from Control	Authority		
Dlace	Data		Bank Seal

PPBL INTERNAL

Name, Designation, & Signature (Control authority)

# 2. Claim Application from Legal Heirs

To			From		
The Branch Manager Paytm Payments Bank Limited			(Name of requestor) (Email id & Phone number)		
					Date: DD.MM.YYYY
SUB: <b>S</b>	ettlen	nent of claims in respect of deceased	account holder (without nominee)		
Dear S	ir/Ma	dam,			
I/We	would	I like to inform that Shri/Smt	<name account<="" deceased="" of="" td=""></name>		
holder	>died	on at	<pre><city>. He/She maintains an account(s)</city></pre>		
			eclare that I/We am/are the rightful legal heir(s) of		
the de	cease	d	, entitled to receive the amount due on		
the de	posit	(s). Payment released to me/us in a	ccordance with the request shall constitute a full		
discha	rge of	Paytm Payments Bank Limited from it	s liability in respect of the deposit:		
		iculars of the account are as follows:			
	1	Name of the deceased account			
	2	Account number	/		
	3	Date of birth (DD.MM.YYYY) & Age	/		
	3	Date of birth (DD.WIWI.TTT) & Age	<u> </u>		
	Part	iculars of the account where funds to	be transferred		
	1	Name of account holder			
	2	Account number and IFSC Code			
		/			
I/We r	eques	t the Branch Manager, Paytm Paymer	its Bank Limited, branch,		
to pa	y th	e proceeds of the deposits me	entioned above to me/us as legal heir of		
			deceased constituent).		
		1			
			return the pipeline flows to the remitter with the		
			e me/us. Whereafter I/we could then approach the		
			nstrument or through ECS transfer or through any		
other s	uitab	le mode in the name of the appropriat	te beneficiary.		
The fol	lowin	a documents (photocopy & Original) a	re provided for due verification. Please return		
		g documents (photocopy & Original) a iments to us in due course.	ne provided for due vernication. Please retuin		
_			(Pagistared Number)		
• Logal	hoir	ificated proof &	(ID proof Number)		
		Address proof			
			sued by		
		bond submitted			
			(165  140)		
• Rank	ctato	ment of claimant or Cancelled Chagus	·		
- Dalik	siale	ment of claimant of cancelled cheque			

(Bank name and Statement Month)

Name, Designation, & Signature (Control authority)

-		s complete, true and correct to be the best essed any information called for.
Date: Place:		
Name of Claimant (s)	Relationship with customer	Signatures/Thumb Impression
1		
2		
3		
4		<u>/</u>
5		/
		For
Official Use of the Bank		.0.
		rview with the claimant and verification of claim as recommended by the Grievance
Date:		
Name & Signature of the Bra	anch Manager/Grievance Office	er
Approval from Control Auth	nority	
Place	, Date	Bank Seal

### 3. Form 'A' Letter of Disclaimer

(Needed when all legal heirs submit claim form and nominate only one person to receive money)

The Bra	nch Manager,			
Paytm F	Payments Bank Limited	Date:-		
	Branch			
Dear Si	r,			
Re: <b>Set</b> t	tlement of claims in res	pect of deceased	d account holder (witho	out nominee)
Our	Shi	ri/Smt		who holds the following
account	t with you died on			
	ı	Relationship Typ	e	Balance
	Savings A/c:			1
	Wallet:			1
	RuPay insurance agair			
1/\\/o +	ho undersigned along	with Shri/Smt	,	and Shri/Smt
				and sim/simuund/delivery of the amount(s)
	ding in the above accou		applied to you for felt	and/delivery of the amount(s)
	-		y T	and Shri/Smt.
i/vve i	iereby authorize Shri	/31111	rosoiva the slaim money	//assets detailed above on our
				ntative entitled to receive the
				e no objection, if the Bank in
	•			ssets to him/her/them. Such
				completely binding on us and
				. I/We also undertake to bind
	•			aration made herein. We also
				e bank's obligations in relation
	nonies held by it in the r	•	<del>-</del>	G
	ars of the account wher			
	1 Name of account			
	2 Account number			
	(provide cancelle	d Cheque)		
Thankir	= -			
	aithfully,		61	
Name		Age	Signature	
	<del></del>			<del></del>
Address	s of primary claimant			

# 4. Letter of Indemnity [ To be stamped as per applicable stamp duty of the state ]

To,		
Chief/ Branch Manager,		
Paytm Payments Bank Ltd.		
Date:-		
	paying or agreeing to pay us, eased as mentioned hereunder:	the balances in the name o
Account No.	Nature of Deposit	Balance/Principal Amount
	Savings Account	/
	Wallet	<u> </u>
	RuPay insurance against card	
I/We of the lst Part – (Names of claimants to whom (1) 2) 3) 4) 5) being the claimant(s) of the dec		
Signed and Delivered  1  2  3		
4		
5		
(Heirs of the Deceased)		

PPBL INTERNAL

# 5. Receipt

In response to my/our request t	o settle funds	s and producing required do	cuments. I am/we
shall receive from Paytm Payme	nts Bank Limi	ted ("PPBL"),	branch
a sum of Rupees			Only
standing to the credit of the acc	ount of the de	eceased depositor. I/We und	derstand that PPBL
shall be making this payme	ent to me/	us as a nominee o	of the deceased
Late			
any other claim from the Bank			
deceased claim.			
Place:			
Date:			
Name of the Nominee & Signatu	ıre		
Witness:			
1.	Signature	2.	Signature
Name		Name	
	_		
Occupation		Occupation	
Address	1	Address	
	1		
	1		
	7		_