



Deceased Claim Application Form

Date

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M	M
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Y	Y	Y	Y
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Branch Manager/STSO

_____ Branch/ Uposhakha,

IFIC Bank Limited.

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

INFORMATION OF DECEASED ACCOUNT HOLDER

Account Title																	
Account Number																	
NID/Smart ID Card No.																	
Date of Birth	D	D	M	M	Y	Y	Y	Y	Date of Death	D	D	M	M	Y	Y	Y	Y
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								

INFORMATION OF NOMINEE/ SUCCESSOR (IF NO NOMINEE IS AVAILABLE)/LEGAL GUARDIAN (IF NOMINEE IS MINOR)

Name of Nominee/ Successor/ Legal Guardian																
Relation with Accountholder/Nominee								Contact No.								
Address																
Type of Documents Provided	<input type="checkbox"/> NID/Smart Card							<input type="checkbox"/> Succession Certificate								
NID/Smart ID Card No.																

I hereby declare that, the above information furnished is all true, correct and full and that I have not omitted or suppressed any information called for under any of the above columns.

Signature of 1st Nominee/ Successor/ Legal Guardian

Signature of 2nd Nominee/ Successor/ Legal Guardian

BANK USE ONLY

Comments (If Any):

- All the information stated above checked and verified.
- All relevant supporting documents have been obtained & Verified as per bank's policy.

Name:
Date:
EID:Name:
Date:
EID: