

## DECEASED CLAIM APPLICATION FORM FOR ISLAMIC BANKING



Date

**Branch Manager**  
**Islamic Banking Branch**  
**IFIC Bank PLC**

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.

Deceased Customer Type			
Customer Type	<input type="checkbox"/> Account Holder	<input type="checkbox"/> PO Beneficiary	
Account Number	Account Title		
PO Number	PO Amount	Issue Date	
Information of Deceased Customer			
Date of Birth	Place of Death	Cause of Death	
Date of Death	NID/Smart ID		
Type of Documents Provided	<input type="checkbox"/> Death Certificate/Doctor's Certificate <input type="checkbox"/> Graveyard's Certificate/Municipal Corp. Certificate <input type="checkbox"/> NID/Smart ID <input type="checkbox"/> Others (Please Specify) .....		
Information of Nominee/ Successor (If No Nominee Is Available)			
Name of Nominee/ Successor	Father's Name		
Relationship with A/c holder	Contact No.		
Address			
Type of Documents Provided	<input type="checkbox"/> NID/Birth Certificate <input type="checkbox"/> Succession Certificate <input type="checkbox"/> Others (Please Specify) .....		
NID/Birth Certificate Number			
Mode of payment	<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Payment Order	Account No.
Account Name		Branch Name	
Information of Authorized Person (As Per Section 103(2) Of Bank Company Act,1991)/Legal Guardian (In Absence of Authorized Person)			
Name of Nominee			
Name of Authorized Person/Legal Guardian			
Father's Name of authorized person/Legal Guardian			
Relationship with Nominee	Contact No.	Date of Birth	
Address			
Type of Documents Provided	<input type="checkbox"/> NID/Photo ID <input type="checkbox"/> Succession Certificate <input type="checkbox"/> Others (Please Specify) .....		
NID/Photo ID Number			
<input type="checkbox"/> 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.			
<b>Signature of 1st Nominee/ Successor/ Legal Guardian</b>		<b>Signature of 2nd Nominee/ Successor/ Legal Guardian</b>	
<input style="width: 100%; height: 40px;" type="text"/>		<input style="width: 100%; height: 40px;" type="text"/>	
Signature		Signature	
Name:		Name:	
Bank Use Only			
<b>Initiating Official's Signature</b>		<b>Approving Official's Signature</b>	
<input style="width: 100%; height: 40px;" type="text"/>		<input style="width: 100%; height: 40px;" type="text"/>	
Signature		Signature	
Name:		Name:	
EID:		EID:	