FORM – F
(See sub-rules (3) and (4) of rule 8)
APPLICATION FOR CLOSURE OF ACCOUNT UNDER
SENIOR CITIZENS SAVINGS SCHEME, 2004
BY SPOUSE (JOINT HOLDER) / NOMINEE(S)/LEGAL HEIRS

To,
The Chief / Branch Manager
State Bank of India

Sirs / Madam,

I / We* ___________________________ the Spouse (Joint Holder) / Nominee(s) / Legal Heirs of
Late ___________________________, the Depositor to the Senior Citizens Savings Scheme, 2004
Account No ______________________ wish to withdraw the entire amount standing to the credit of the
Deceased in the said Account.

Please find enclosed:

(i) A certificate in regard to the death of the Depositor.
(ii) *A Certificate in regard to the death of Shri / Smt. ___________________________ and Shri / Smt.
_________________________ also the nominee(s) appointed by the Depositor.
(iii) ** Succession Certificate / Letter of Administration with attested copy of probated will of the
deceased depositor issued under the provisions of the Indian Succession Act, 1925.
(iv) Pass Book of the Depositor
(v) # Letter of Indemnity
(vi) # Affidavit.
(vii) # Letter of disclaimer on affidavit

Witness:
__________________________________________ (Signature)
__________________________________________ (Name and Address)

Date : ___/___/20___
Place : ________________

* : Delete whichever is not applicable.
** : Strike off if there is a valid nomination.
# : To be produced by legal heirs, in the absence of nomination(s) for claims

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FOR USE BY THE BRANCH

Withdrawal of रु_______ (Rupees ____________________________ Only) is sanctioned.

Adjustment made (To be specified)_________________________ रु___________

NET AMOUNT PAID रु___________ (Rupees ____________________________ Only)

Date : ___/___/20___

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RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received a sum of रु_______ (Rupees ____________________________ Only) from State Bank of India,
_________________________ (Branch) as per details furnished above in Full Settlement of our Claim.

Signature / Thumb Impression of the Claimant(s)
Annexure – I to FORM-F  
(Letter of Indemnity) 

To, 
The Chief / Branch Manager  
State Bank of India 

In consideration of your paying or agreeing to pay me/us ___________________________ (Names of Legal heirs) the sum of Rs____________ standing in SENIOR CITIZEN SAVINGS SCHEME-2004 Account No ____________ with your Bank in the name of ________________________________ Without production of letters of administration or a succession certificate to the estate of the deceased ______________________ (Name of the Depositor) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due, I/We and we _________________________ (Sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnity you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid. 

In witness whereof we have hereunto set your hands at ______________ on this ___ day of _______ 20___ in the presence of witnesses. 

Signed and delivered by the above named 
Heir/heirs of the deceased 

Signed and delivered by the 
Above named Sureties 

____________________ (Signature of Surety 1)  
____________________ (Name & Address of Surety) 

____________________  
____________________ 

____________________ (Signature of Surety 2)  
____________________ (Name & Address of Surety) 

____________________  
____________________ 

Name and Address of Witnesses 

____________________ (Signature of Witness 1)  
____________________ (Name & Address) 

____________________  
____________________ 

____________________ (Signature of Witness 2)  
____________________ (Name & Address) 

____________________  
____________________ 

Attested 
Notary Public
Annexure – II to FORM-F
(Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We ___________________________ Husband/Wife of Late ___________________________ aged ___ years sons/daughters of the said Late ___________________________ resident of ___________________________ do hereby declare and solemnly affirm as under :

That I / We am/are the only heir(s) of the Deceased Late ___________________________ who died at _____ on ___/___/20___. I / We alone represent the estate of Shri. / Smt. ___________________________.

That the Deceased Late ___________________________ did not leave any WILL and therefore I/We am/are the only Successor(s) to the estate of the said Deceased.

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________ DEPONENTS

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation at __________ (name of place) that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________ DEPONENTS

Dated : ___/___/20___

ATTESTED

(Oath Commissioner)
Annexure – III to FORM-F
(Letter of Disclaimer on Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We (i) ________________________________ Husband/ Wife of ________________________________
residents of ________________________________________________________________
(ii) ________________________________ Son / Daughter of ________________________________
(ii) ________________________________ Son / Daughter of ________________________________
do hereby solemnly affirm as follows:-

1. That Shri / Smt. ________________________________ died instate on ____/___/20___ leaving
behind us ______________________________________ his / her only Heirs.

2. That we __________________________ heirs of our late father/mother for ourselves and on
behalf of our heirs, executors, representatives and assigns do hereby relinquish our claims to the
balance of Rs ____________ which may be credited to the account sought by our mother/father to
be opened in your branch in the name of the estate of the said ________________________________
deceased father/mother after the realisation of Draft No _____________ on ___/___/20___ issued
by State Bank of India and we have no objection whatsoever in the balance in the above referred
SENIOR CITIZEN SAVINGS SCHEME Account no _________________ together with interest, if any,
accrued thereon being paid by the Bank to our said mother/father Mr./Ms. __________________

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________ DEPONENT(S)

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation that the contents of this
affidavit are true to my/our knowledge and nothing material has been concealed.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________ DEPONENT(S)

Dated : ___/___/20___

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

ATTESTED

(Oath Commissioner)

Dated : ___/___/20___