

Schedule II

Application for Deceased claim (To be used for cases other than Nomination / joint account with survivor clause)

To

The Area Manager
Deutsche Bank AG
_____ Branch

Dear Sir,
Re: Deceased Account

Late Mr./Mrs./Ms..... Account No(s).....

I/We advise the demise of Mr./Mrs./Ms. _____ on _____. He/She holds the above account(s) at your branch. The account(s) is/are in the name of: _____.

I/We lodge my/our claim for the balances with accrued interest lying to the credit of the above named deceased who died intestate. I / we am / are the legal heirs of the above named deceased and lodge my/our claim for payment as per the bank's rules and discretion. The relevant information about the deceased and the legal heirs are as under.

1. Names in full of the parents of the deceased:

Father: _____

Mother: _____

2. Religion of the deceased: _____

3. Details of living (i) Husband (ii) Wife (iii) Children (iv) Father (v) Mother (vi) Brothers (vii) Sisters (viii) Grand Children. If Hindu Joint Family, the name and address of the Karta and Co-parceners with their respective ages.

Full Name/Address Occupation Relationship with Age

Deceased

(i) _____

(ii) _____

(iii) _____

(iv) _____

(v) _____

(vi) _____

4. Name or Names of the : _____

Guardian/s of the minor

Children of the Depositor

(a) Whether Natural Guardian : _____

(b) Whether Guardian appointed by a Court of Law in India. If so, attach a certified copy or duly attested copy of such Order : _____

(c) In whose custody the Minor/Minors is / are? : _____

5. Claimant/s name/s and address in full :

(i) _____

(ii) _____

(iii) _____

I/We submit the following documents. Please return the original death certificate to us after verification:

1. Death Certificate (Original + 1 photocopy) issued by: _____

2. Letter of Indemnity

3. Identity proof of persons claiming the amount

We request you to pay the balance amount lying to the credit of the above named deceased to
.....on my/our behalf.

I/We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Place:

Date :

Yours faithfully,

Signature of Claimant(s)

(i) Name of Claimant Address Signature