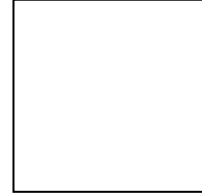


Form A

Application Form for Settlement of Claim of Deceased Constituents for payments in case where there is no 'Nomination' or 'Survivor Clause'

To,
The DCM FINANCIAL SERVICES LIMITED
D 7/3 OKHLA INDUSTRIAL AREA-PHASE 2
NEW DELHI 110020



Dear Sir,

(Photograph)

CLAIM FOR PAYMENT OF FIXED DEPOSITS / DEBENTURES OF LATE _____

1. I/We _____ Resident of _____
_____ submit that Late _____
had expired on _____ (copy of notarized death certificate enclosed) and
has left behind following legal heirs (including claimant):

S. No.	Name	Father's name	Dated of birth	Relationship with the deceased	Document of identity with its number and name of the issuing authority

2. Late _____ was maintaining following fixed deposits /debentures with your Company:

S. No	FDR No.	Debenture Folio No.	Amount	Date of Maturity
Total				

3. My / our claim for the above fixed deposits / debentures of the above-named deceased is based on #: _____.

a) Probate/Letters of Administration dated _____ granted by the court of (Copy enclosed).

b) Succession Certificate dated by the Court of (Copy Enclosed).

c) Family Settlement/ Relinquishment Deed dated..... Details of registration: (Copy enclosed).

d) Legal survive certificate/Legal heir certificate dated issued by (Copy enclosed)

(Applicable only in the cases where total claim is Rs.50,000/- or below and claim has not been preferred on the basis of any Probate/Letters of Administration/Succession Certificate/Family Settlement/Resettlement)

write 'NA' against the ones which are not applicable

4. My claim is based on 3(d) and therefore in support thereof, I am also submitting herewith, my own affidavit, Indemnity Bond signed by me and my surety and letter of disclaimer signed by other legal heirs, in the prescribed Forms B, C and D respectively, in this schedule.

5. Amount found to be due may be credited into my account as per details given below:

Account No: _____ Bank _____ Branch _____

IFSC: _____

Copy of cancelled cheque attached.

Self-attested copy of my Aadhar card/Voter card & Pan Card is attached

Mobile No _____ email ID _____

I / We declare that the facts stated above are true and correct to the best of my/our knowledge and belief.

Place:

Name & Signature of Claimant

Date:

Encl: As above.

FOR OFFICE USE

Recommendation:

I have made necessary inquiries about the claim made by the claimants & satisfied that the claim can be settled. All the necessary documents have been obtained as per the policy. The claim may be paid to the claimants.

Any other remarks:

Signature
(Recommending Authority)

Sanction:

Sanctioned payment of Rs _____ to be paid to the claimant

Signature
(Sanctioning Authority)

Date:

Disbursement & Record:

Amount of Rs _____ paid by way of transfer by NEFT dated _____

Credited to claimant's Account No _____ maintained in India with _____

Bank,

Name :
Designation:

Signature
(Disbursing Authority)

Form B
AFFIDAVIT

I/We.....husband of/wife of/son of/daughter of late..... resident of do hereby declare and solemnly affirm as under:

1.I/we am/are the claimants and is/are submitting my/our claim with DCM Financial Services Limited for the payment of fixed deposits/debenture holders of Late.....

2. The details of the said fixed deposits/debenture holders are as under:

S. No	FDR Folio No.	Debenture Folio No.	Amount	Date of Maturity
Total				

3. Late deposit/debenture holder had died on, leaving behind the following legal heirs, including the claimant(s):

S. No.	Name	Father's name	Dated of birth	Relationship with the deceased	Document of identity with its number and name of the issuing authority

4. Late did not leave any Will leave behind in respect of the above fixed deposits /debentures.

5. *I/we am/are the only legal heir(s) of Late.....and is/are entitled to claim the aforesaid amount.

6. *I /we am one of the/ are the legal heir(s) of Late..... amongst others named above. I/We am/are entitled to receive the said money as the other legal heirs have given a disclaimer in my/ our favour.

7. The information supplied by the me/us in support of claim and also all the documents are true and correct.

** Strikeout which is not applicable*

Deponent

Verification

I/we the above-named deponent do hereby verify and affirm that the contents of this affidavit are true and correct my/our knowledge and nothing material has been concealed.

Verified on this Day..... 2023 at

Deponent(s)

Attested

**To- DCM FINANCIAL SERVICES LIMITED
D 7/3 OKHLA INDUSTRIAL AREA-PHASE 2
NEW DELHI 110020**

Form C

INDEMNITY BOND WITH ONE SURETY
(To be executed on stamp paper of appropriate value)

THIS INDEMNITY BOND is made at.....on this.....day of..... 2023.

Sh./Smt..... [Name of the claimant(s)] Son/daughter/husband/widow of
Sh.....R/O..... hereinafter called 'the Claimant' of the first part AND
Sh./Smt.son/daughter/widow of Sh..... R/O hereinafter called 'the surety' of the second part.

WHEREAS Late.....son/daughter/wife/husband of Shriresident of deceased, had at
the time of his death deposits/debentures with DCM FINANCIAL SERVICES LIMITED having its registered office at D 7/3
OKHLA INDUSTRIAL AREA-PHASE 2 NEW DELHI 110020. (Hereinafter referred to as Company), as per the details
given below:

S. No	FDR Folio No.	Debenture Folio No.	Amount	Date of Maturity
Total				

AND WHEREAS the said Claimant (s) claim (s) to be legally entitled to the above-mentioned money of the
deceased.

NOW THIS INDEMNITY BOND witnesseth that in consideration of the payment by the Company of the amounts above
mentioned, without the production of probate, Letters of Administration or Succession Certificate, the said claimant(s) and
the surety both bind themselves severally and jointly to pay the aforesaid amounts with interest, loss, damages and cost of all
kinds whatsoever to the said Company, in case any claim is made about the aforesaid money(s) by anybody else. Further, in
consideration of the aforesaid payments to the said claimant by the said Company, the claimant(s) and the surety both
undertake for themselves their heirs, executors and administrators to hold the Company, its agents etc. harmless and
indemnified in respect of all claims to the aforesaid money(s)

IN WITNESS whereof the claimant(s), and the surety have put their signatures.

Witnesses:
1.
2.

Claimant(s)

Surety

Attested
Public Notary

To-
DCM FINANCIAL SERVICES LIMITED
D 7/3 OKHLA INDUSTRIAL AREA-PHASE 2
NEW DELHI 110020

Form D
LETTER OF DISCLAIMER
(To be stamped as per the Stamp Act applicable to the State)

DCM Financial Services Limited
New Delhi

Dear Sir/Madam

Fixed Deposit(s) / Debenture (s) Folio No-in the name of Late...

With reference to the above, I/We, would like to state I/we the undersigned legal heirs of the late _____ we have no interest in the above deposits / debentures and as such we have no objection to your paying the amount of fixed deposits / debentures as mentioned above. to *Shri/Smt./Kum..... wife/husband/son/daughter of Late

Such delivery of the payment of the said fixed deposits / debentures would be completely binding on me/us and I/we will not question DCM Financial Services Limited action in so doing if any proceedings. I/We undertake to bind ourselves, our heirs and legal representatives not to revoke the declaration made herein.

Name	Relationship with the deceased Deposit/Debenture holder	Signature
------	--	-----------

1.

2.

Signed before me this day of ... day of ...

Notary Public/Magistrate)

#Submit attested copy of Aadhar / PAN card of the above signatories

****If there are more than one change accordingly***