



**NATIONAL CREDIT AND COMMERCE BANK PLC.**

**DECEASED CLAIM APPLICATION FORM**

The Manager (HoBB),  
NCC Bank PLC.

Date : .....

..... Branch/Sub-Branch

Following is the information of a deceased account holder and information to Nominee/Successor/Legal Guardian/Authorized

**DECEASED CUSTOMER TYPE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Account Holder | <input type="checkbox"/> Locker Holder          | <input type="checkbox"/> Bond Purchaser |
| <input type="checkbox"/> PO Beneficiary | <input type="checkbox"/> Sanchaypatra Purchaser | <input type="checkbox"/> Others         |

Account Number		Account Title	
Locker Number		Locker Serial	
SP/Bond Registration Number		Amount	Maturity Date
PO Number		PO Amount	Issue Date

**INFORMATION OF DECEASED CUSTOMER**

Date of Birth		Place of Death		Cause of Death	
Date of Death		NID No.			
Types of Document Provided					

**INFORMATION OF NOMINEE/SUCCESSOR (IF NO NOMINEE IS AVAILABLE)**

Name of Nominee/Successor		Father's Name	
Relationship with Account Holder		Contact No.	
Address			
Types of Documents Provided	<input type="checkbox"/> NID	<input type="checkbox"/> Succession Certificate	<input type="checkbox"/> Others
NID/Birth Certificate No.			
Mode of Payment	<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Payment Order	
Account No.			
Account Name		Branch/Sub-Branch	

**INFORMATION 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			
NID No.			

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 NCC Bank PLC. from any loss, damage, claim, action, cost, charges and expenses which NCC Bank PLC may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature of 1st Nominee/Successor/Legal Guardian

Signature of 2nd Nominee/Successor/Legal Guardian

Name :

Name :

**BANK USE ONLY**

Signature of Initiating Officer

Signature of Approving Official