LETTER OF INDEMNITY to be taken before
Payment of Salary, Bonus, Provident Fund/Gratuity
Fund, etc., to legal heirs of deceased Bank employee,
when Bank Officers give a letter stating that he/they
know the deceased and his legal heir/s and that the
Letter of Indemnity bears the genuine signature of all the
Legal heirs

To:	•		
In consideration of you	ur agreeing to	pay and /or paying m	ne/us (insert here
names of all legal heirs	s/representativ	ve of the deceased)	(11.55.1
the sum of Rupees being the salary/bonus	s/gratuity/prov	vident fund due to Mr.	/Mrs./Miss
the said late Mr /Mrs /	'Miss , withou	ut leaving a will and	neir/s/representatives of  that I/we am/are solely
Full Name	Age	Relation ship with the deceased	Permanent Address
1.			. /
2.	· · · · · · · · · · · · · · · · · · ·		
. 3			
		as Prin	cipals

### LETTER OF INDEMNITY (CONTD.)

# and I/we the undersigned :-

<u>Full Name</u>	Age	Permanent Address
1.		
2.		
	as sureties	
do hereby for myself/ourself executors and administrators j indemnify you and your succ against all claims, demands, pro which may be raised against o your having agreed to pay/or p	cessors and assigns and ke oceedings, losses, damages	AND UNDERTAKE to eep them indemnified charges and expenses
Signed , Sealed and delivered b		
(All heirs of the deceased)	(Signa	ture)
(Signed and Delivered By the ab	ovenamed)	
	(Signa	ture)
Sureties)		

(On Non judicial Stamp Paper of adequate Value as per the Stamp Act in your State)

DRAFT OF AF Gratuity, Provide when a letter fro and his legal he signature of all I	ent Fund om Bank C ir/s and	Officer/s stating that the letter	eir/s of de that he /t of inden	ceased Bank they know the nnity bears th	employee deceased
I/We Hereby solemnly	and since	erely affirm/swe	ear and sta	ate as follows	•
1. Mr./Mrs./Missingled onrequested Union Provident/Gratuity de Fund/Gratuity de Fund/G	n Bank ty Fund ue to the	atof India /Trus to pay to me deceased Mr./M	I/w stees of e/us the Irs./Miss -	re state that Union Bank salary/bonus	I/we have of India Provident
<u>Ac</u>	count/Clai	<del></del> as <u>m</u>		<u>ount</u>	
<ol> <li>Salary</li> <li>Bonus</li> <li>Provident Fu</li> <li>Gratuity</li> </ol>	nd				
The declaration my/our claim in					
I/we the representative/s		med person/s, the deceased:	am/are,	the only h	eir/s lega
Name	Age	Relationship v deceas	ed	Permanent	

#### AFFIDAVIT (Contd)

#### I/We further declare that: -

- ii) Apart from the persons mentioned in the application/Claim Form submitted by us to the Bank and whose names are stated hereinabove the deceased has not left any other legal heir/s legal representatives.
- iii) The amount coming to the share of minor legal heirs shall be utilized by me/us for the benefit of the minor/s.

Signature of all legal heirs

Solemnly affirmed at

Before Me

Dated:

(SEAL)

(Signature & Seal of Judicial/Metropolitan.Magistrate)

DRAFT OF THE INDEMNITY BOND to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when a letter from Bank Officer/s stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of the Legal heir/s is not Produced.

	deration of UNION BANK		
	/Provident Fund" (herein to pay and paid the unders		
agreeu (		mount of Rs	
			ratuity dues payable to
	/Miss	an	employee of Union Bank
of India	the strength of representa		
			ne/she/they is/are solely
	to the same without insist tration or other legal repre		
	e undersigned	escritation of the est	ite of the said deceased,
,			
F	ull Name Age	Relation ship	Permanent Address
<u> </u>		with the <u>deceased</u>	
1.			
_		-	
2.		· · · · · · · · · · · · · · · · · · ·	
3.		.*	
J.	7		TO SOLUTION TO SOL
	as Pri and I/we the ur	incipals ndersigned :-	
			· <u>.</u> .
	<u>Full Name</u>	<u>Age</u>	<u>Permanent Address</u>
1.			
-d-+	Company and the second		
2.			
		as sureti	es

## Indemnity bond contd.

Themselves, their heir/s, hereby covenant from time keep harmless and indem assigns of from and agains lossess, claims and demand	to time and a nnified the l st all actions, d for or in re	at all times her Bank/Trustees suits, proceed spect of the s	reafter to save its/their suc lings, account aid monies or	e defend and cessors and s, expenses, n the part of
any persons or firms claim deceased)	ning under or	in the right	of the said (N	Name of the
and from against all costs, o	damages and	liabilities in co	nnection there	ewith.
Signed and delivered by the	withinnamed	1		
	· .	(5	ignature)	
(Name)				
As Principals	·			•
( And)				
(Name)				
( As Sureties)	· .			
this	day			
oftwo thousand	seven in the	presence		
(SEAL)		NOTARY	//JUDICIAL M/	AGISTRATE

(On Non judicial Stamp Paper of adequate Value as per the Stamp Act in your State)

DRAFT OF AFFIDA Gratuity, Provident when a letter from E and his legal heir/s signature of all legal	Fund etc. to lega Bank Officer/s state and that the l	I heir/s of dec ting that he /tl etter of indem	ceased Bank hey know the inity bears th	employee deceased
I/We Hereby solemnly an	d sincerely affirm,	/swear and sta	ite as follows:	
1. Mr./Mrs./Miss died on requested Union E Provident/Gratuity Fund/Gratuity due t	at Bank of India / Fund to pay to o the deceased M	Trustees of me/us the hr./Mrs./Miss	e state that I Union Bank salary/bonus	I/we have of India /Provident
•	nt/Claim	•	<u>ount</u>	
<ol> <li>Salary</li> <li>Bonus</li> <li>Provident Fund</li> <li>Gratuity</li> </ol>				
The declaration is my/our claim in res	being made to pect of above acc	enable the E ounts/matters	Bank/Trustees /Terminal Bei	to settle nefits.
I/we the un representative/s su	dernamed persorviving the deceas	n/s, am/are, sed:	the only h	eir/s legal
Name	Age Relations de	nip with ceased	Permanent	Address
	****			

### AFFIDAVIT (Contd)

#### I/We further declare that: -

- ii) Apart from the persons mentioned in the application/Claim Form submitted by us to the Bank and whose names are stated hereinabove the deceased has not left any other legal heir/s legal representatives.
- iii) The amount coming to the share of minor legal heirs shall be utilized by me/us for the benefit of the minor/s.

Signature of all legal heirs

Solemnly affirmed at

Before Me

Dated:

(SEAL)

(Signature & Seal of Judicial/Metropolitan.Magistrate)

DRAFT OF THE INDEMNITY BOND to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when a letter from Bank Officer/s stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of the Legal heir/s is not Produced.

Gratuity/Pragreed to	rovident Fund" (herein pay and paid the under the the) Salary, Bonu	OF INDIA/Trustees of Use after called" the Bank", signed Mr./Mrs./Missamount of Rss, Provident Fund, Grange an er	tuity dues payable to
of India the entitled to Administra	ne strength of represent _ (who died on	tation made by the said N ) that he, sting on succession certif oresentation of the estate	1r./Mrs./Miss /she/they is/are solely icate/ probate/Letter of
Ful	I Name Age	Relation ship with the <u>deceased</u>	Permanent Address
1.			
2.			
3.		Principals undersigned :-	
	Full Name	<u>Age</u>	Permanent Address
1.			
2.		as suretie	25
		us surcus	2

## Indemnity bond contd.

Themselves, their heir/s, of hereby covenant from time keep harmless and indem assigns of from and against lossess, claims and demand any persons or firms claim.	to time and at a mified the Ban t all actions, sui I for or in respe	II times herea k/Trustees it ts, proceeding ct of the said	fter to save defend and s/their successors and gs, accounts, expenses monies on the part o
deceased)	<u></u>		
and from against all costs, d	amages and liab	ilities in conn	ection therewith.
Signed and delivered by the	withinnamed		
(N)	-	(Sig	nature)
(Name)			
As Principals		٠.	
( And)			
(Name)			
( As Sureties)			
f this	day		
of two thousand	seven in the pre	sence	
(SEAL)	; ,	NOTARY/J	UDICIAL MAGISTRATE

LETTER OF INDEMNITY to be taken before
Payment of Salary, Bonus, Provident Fund/Gratuity
Fund, etc., to legal heirs of deceased Bank employee,
when Bank Officers give a letter stating that he/they
know the deceased and his legal heir/s and that the
Letter of Indemnity bears the genuine signature of all the
Legal heirs

Legal he	irs			<del></del>
То:				
In consideration of yo	ur agreeing to	pay and /or paying n	ne/us (insert	here
names of all legal heir	s/representativ		· .	
the sum of Rupees being the salary/bonu	s/gratuity/prov	ident fund due to Mr.	/Mrs./Miss	
a deceased employe Branch without produ other legal represen representation that I the said late Mr./Mrs. who died onentitled to the same,	iction of Letter tation to his/l am/we are the /Miss withou	of Administration or the estate and on the control of the control	Succession Cer the strength o heir/s/represen	f my/our tatives of
Full Name	Age	Relation ship with the deceased	Permanent	Address
1.	,			
2.	·			
.3.				
		5.	1_	

#### LETTER OF INDEMNITY (CONTD.)

# and I/we the undersigned :-

	uii <u>Name</u>	<u>Age</u>		Permanent Address
1		<u>.</u>		
2				
		a	s sureties	·
indemnify against all owhich may	you administrators joi you and your succest claims, demands, proc	intly and severa ssors and assig ceedings, losses, incurred by you	lly AGREE A ns and kee damages of by reason	gal representative/s, AND UNDERTAKE to ep them indemnified tharges and expenses or in consequence of aforesaid.
Signed , Sea	aled and delivered by	the abovename	d on this	day of 200
(All heirs of	the deceased)	· · · · · · · · · · · · · · · · · · ·	(Signat	ure)
(Signed and	Delivered By the abo	venamed)		
			(Signat	cure)
(Sureties)			. *	