

Death Claim Form for Bank Account Closure

Submit a **death claim form** to initiate the closure of a bank account belonging to a deceased individual. This form helps the bank verify the account holder's death and process the account closure efficiently. Ensure all required documents are attached for a smooth transaction.

Deceased Account Holder's Information

Full Name

Account Number

Date of Birth

Date of Death

Branch Name

Claimant's Information

Full Name

Relationship to Deceased

Contact Number

Address

Documents Attached

Document	Attached (Yes/No)
Death Certificate (Original/Attested Copy)	<input type="text"/>
Claimant's ID Proof	<input type="text"/>
Account Passbook/Recent Statement	<input type="text"/>
Copy of Will / Succession Certificate (if applicable)	<input type="text"/>

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. All attached documents are valid and relevant to this claim.

Claimant's Signature

Date

[Submit Death Claim Form](#)