

FORM G

Application for withdrawal by nominees/legal heirs under the Public Provident Fund Scheme, 1968

To,
Branch Manager,
ICICI Bank Limited
.....
..... /Branch

I/Wethe nominee(s) /legal heirs(s) of
late.....wish to withdraw the entire amount standing to
the credit of the deceased in the said accounts.

Please find enclosed :

- a) A certificate in regard to the death of the subscriber.
- b) *Certificate in regard to the death of Shri/Shrimathi/Kumari.....
.....
and Shri/Shrimanti/Kumari
also the nominee(s) appointed by the subscriber.
- c) **Succession certificate /Letters of Administration/attested copy of the probated will
of the deceased subscriber issued byHigh Court.

Place.....

Date.....

.....
Signature(s) or thumb
Impression(s) of claimants

*Delete if not applicable

**Strike off if there is a valid nomination

FOR THE USE OF BRANCH

Withdrawal of Rs.....(Rupees.....)
.....) sanctioned.

Date of withdrawal.....

Space for Branch Stamp

RECEIPT TO BE SIGNED BY CLAIMANT

Received the sum of Rs.(Rupees)
from the ICICI Bank.....in full settlement of my/our claim.

Place.....

Date.....

.....
Signature(s) or thumb
Impression(s) of claimants

**Annexure I to Form G
(Letter of indemnity)**

To,
Branch Manager,
ICICI Bank Limited
.....
..... /Branch

In consideration of your paying or agreeing to pay me/us.....
.....(Names of Legal heirs) the sum of Rs.
standing in Public Provident Fund Account No.with your Bank
in the name of without production of letters of administra-
tion or a succession certificate to the estate of the deceased.....
.....(Name of the subscriber) or a certificate from the Controller of Estate
Duty to the effect that estate duty has been paid or will be paid or none in due, I/We
.....and we(sureties) do
hereby for ourselves and our heirs, legal representatives, executors and administrators jointly
and severally undertake and agree to indemnify you and your successors and assigns against
all claims, demands, proceedings, losses, damages, charges and expenses which may be
raised against or incurred by you by reason or in consequence of having agreed to pay/or
paying me/us the sum as aforesaid.

In witness whereof we have hereunto set your hands
.....on this.....day ofin the pres-
ence of witnesses.

Signed and delivered by the above named heir/heirs of the deceased

Signed and delivered by the
above named sureties

- 1.
- 2.

Names and addresses of witnesses :

- 1.
- 2.

Attested
Notary Public

Annexure II to Form G
(Affidavit)

To,
Branch Manager,
ICICI Bank Limited
.....
..... /Branch

I/We _____ Husband of /wife of late _____ aged _____ aged _____
aged _____ sons/daughters of the said late _____ resident of _____ do hereby
declare and solemnly affirm as under :-

1. That I/We am/are the only heir(s) of the deceased _____ who died at _____
_____ on _____, I/We alone represent the estate of the Shri/Smt.
2. That the deceased _____ did not leave any will and therefore I/We am /are
the only successor(s) to the estate of the said deceased.
 - a.
 - b.
 - c.
 - d.

DEPONENTS

VERIFICATION : I/We, the above-named deponents do hereby verify on solemn affirmation in
_____ (name of place) that the contents of this affidavit are true to our knowledge and
nothing material has been concealed.

Dated :

- 1.
- 2.
- 3.
- 4.

Attested

Oath commissioner *DEPONENTS*

Annexure III to Form G
(Letter of disclaimer on Affidavit)

To,
Branch Manager,
ICICI Bank Limited
.....
..... /Branch

I/We, (i) _____ husband of/wife of _____
_____ Residents of _____ (ii) _____ son
of/daughter of _____ Do hereby solemnly affirm and declare as follows :-
a. That Shri/Smt. _____ died intestated on _____
leaving behind us _____ his only heirs _____
b. That we _____ heirs of our late father/mother for ourselves and on behalf of
our heirs, executor, representatives and assigns do hereby relinquish our claims to
the balance of Rs. _____ which may be credited to the account sought by our
mother/father to be opened in your Branch in the name of the estate of the said
_____ deceased father/mother after the realization of Draft No. _____ on
_____ issued by _____ (name of Bank) and we
have no objection whatsoever in the balance in the above referred account No.
_____ together with interest, if any accryed thereon being paid by the Bank
to our said mother/father Mrs./Mr. _____

- 1.
- 2.
- 3.

DEPONENTS

VERIFICATION : We the above-named deponents do hereby verify on solemn affirmation that
the contents of this affidavit are true to our knowledge.

Dated _____

DEPONENTS

I identify the deponent who is personally known to me and who has signed in my presence.

Dated _____

ATTESTED

Oath Commissioner