**Annexure 6 - UNDERTAKING – Cum - INDEMNITY**

**PART 1**

**To,**

**Kotak Mahindra Bank Ltd.**

**Branch Name and Address**

I Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aged ….years, residing at ……………… …………………… …………… ………….. do solemnly declare and state as under:

1. That my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_< Relationship to be mentioned> Mr/ MS/ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred as ‘said deceased’) expired at …………….. ………. on with “ \_\_\_ day \_\_\_20\_ \_ intestate and the Notarised copy of the Death Certificate of deceased is attached.
2. That said deceased was maintaining a Savings / Current Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Customer Relation Ship No. \_\_\_\_\_\_\_\_\_\_\_ (the said account) with …………….. Branch of Kotak Mahindra Bank Ltd. The said Account has Credit Balance of Rs. \_\_\_\_\_\_\_\_\_\_\_\_ (Rupees …………………………………… Only) on the date of this Deed.

3. That there are the following legal heirs of the said deceased who have given me the no objection certificate for return/repay of the amount of money balance in the said Account in my name and receiving the amount and interest thereon .

|  |  |  |  |
| --- | --- | --- | --- |
| Sr No | Name | Age | Relationship with deceased |
| 1 |  |  |  |
| 2 |  |  |  |

1. I declare and confirm that above legal heir/s are the only legal heir/s of the said deceased.
2. That, I, therefore, request Kotak Mahindra Bank Ltd. to return/repay the aforesaid amount of money balance in the said Account standing in the name of said deceased to my name and pay interest to me without production of Succession Certificate or Probate of Will or any legal representation from any competent authority. In consideration of Kotak Mahindra Bank Ltd. agreeing to return/repay the above mentioned amount of money balance in the said account in my name without insisting upon the production of appropriate legal representations from any competent court / authority, I agree to indemnify and shall keep indemnified the Bank, its Directors and officers against all claims in respect of the said Account and payment of interest thereon and against all actions, costs, charges, expenses and demands whatsoever the said Bank, its Directors and Officers may now or hereafter be liable to pay, incur or sustain in connection with the said Account and/ or payment of interest thereon.

I enclose herewith No Objection Certificate issued to me by the other legal heir.

I hereby declare and confirm that above statement is true and correct **to the best of** my knowledge....”

In witness whereof I have executed this Undertaking – Cum - Indemnity on with “ \_\_\_ day \_\_\_20\_ \_

Executed and delivered by

Mrs.…………………………… }

 Before Me

 **NOTARY**

Enclosures:

1. Death Certificate.

2. NOC from other Legal Heirs.

***Note:***

***\* To be Executed on Stamp Paper of appropriate Value***

**Letter of NO Objection**

**PART 2**

**To,**

**Kotak Mahindra Bank Ltd.**

**Branch Name and Address**

Dear Sirs,

 **Re: Return /repay of balance in Savings Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **maintained in the name of late Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

1. In connection with the above, I (………………………….. ……………… ………..) wish to inform you that Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(said deceased/deceased) expired on ………………… and he/she was maintaining following account / deposit with you.

Account Number - \_\_\_\_\_\_\_\_\_\_\_

Customer Relationship Number …………………….

Amount balance Rs. \_\_\_\_\_\_\_\_\_

1. I, the undersigned, residing at ………………………. ……………… ………. ………. , am a legal heir of the said deceased.
2. I am space (mention relation) space of the said deceased.
3. I do not desire to make any claim of title of the said amount of money and have no objection whatsoever in return/repay the said amount (in said Account) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is residing at …………………………… ……………………..
4. In consideration of executing/effecting the return/repay of said amount (in said Account) to Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_ at my request, I hereby agree to renounce all my rights existing as well as they may accrue in future in respect of the said amount.
5. I have no objection if the claim amount of the said account of deceased is released/given in the name of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed in the presence of

……………………………………… ………………………………..………………………………………..

(BRANCH MANAGER) Name & Signature of Legal heir

***Note:***

***\* Branch Manager to verify Proof of Identity (bearing name & signature) of Legal heir.***

**Kotak Mahindra Bank Ltd.** CIN: L65110MH1985PLC03813 **Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. www.kotak.com