

Annexure 1

Affidavit-cum-Indemnity Bond for Death Claim Settlement

Affidavit cum Indemnity Letter

In respect of payment of balance in deposit wallet/SBA

(to be stamped with the duty payable for affidavit & Indemnity bond)

I/We Mr/Ms/Miss (name/names of the claimants), (s/o, w/o, d/o),
..... aged,, address
..... do hereby solemnly affirm and state as follows:

- o I/We am/are the legal heirs of Mr/Ms/Miss (hereinafter referred to as the "Deceased Wallet Holder") and the Deceased Wallet Holder was related to me as noted in the table below.
- o I/We state that I/We the following legal heirs are the only legal heirs entitled to claim the balance deposit in wallet account held by the Deceased Wallet Holder with Airtel Payments Bank bearing no., having a credit of Rs. (Rupees)
at the time of his/her death.

S. No.	Name	Age	Relationship of the claimant with the Deceased Wallet Holder
1.			
2.			
3.			

- o I/We have requested the Bank to make the payment of the amount standing in the credit of the account belonging to the Deceased Wallet/SBA Holder as applicable to Shri/Smt being one of the legal heirs for and on behalf of all the legal heirs.

- o I/We are aware that the Bank has agreed to settle our claims relying on this affidavit and I/We agree to indemnify the Bank in respect of such payment or delivery of the contents of items in safe deposit locker or held in safe custody against any claim made by any person (including any other legal heir) for the amount standing to the credit of the wallet of the Deceased Wallet Holder.

- o I/We for ourselves and my/our respective heirs, executors and administrators jointly and severally agree, affirm and undertake that the Bank, its successors and assigns and its managers, agents, officers and servants and their respective estates and effects are and shall from time to time and at all times hereafter be kept safe and saved harmless and indemnified for and in respect of such payment and against all actions, losses, cost, charges, expenses and demands whatsoever in respect of the said

payment or delivery of the contents of items in safe deposit locker or held in safe custody (as applicable).

All the averments made herein before are true and correct and I/We put my/our signature/mark on this Day of20..... at in the presence of

.....

Signature(s) of deponents. (Claimants)

.....

Signature of Witness

Name and Address of Witness

Affidavit to be attested by Notary Public