



**THE KALYAN JANATA  
SAHAKARI BANK LTD.**  
दि कल्याण जनता सहकारी बँक लि.

MULTI STATE SCHEDULED BANK

Head office : "Kalyanam\_astu", Adharwadi, Kalyan (West) 421301

Website : www.kalyanjanata.in

SHR- 15/1

**SHARE REFUND FORM (DECEASED MEMBER)**

**IN CASE OF SHARE CERTIFICATE(S) IS AVAILABLE & NOMINEE IS REGISTERED**

Mr./Mrs./M/s. \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE NAME

Room & Floor No. \_\_\_\_\_ Name of Building \_\_\_\_\_

Road Name / Lane No. \_\_\_\_\_ Area / Locality \_\_\_\_\_ City \_\_\_\_\_

Pin Code       Contact No. \_\_\_\_\_

Date :

To,  
The Chief Executive Officer,  
The Kalyan Janata Sahakari Bank Ltd.,  
Kalyan (West)

Dear Sir / Madam,

I Mr. / Mrs. \_\_\_\_\_ is a nominee of late \_\_\_\_\_  
\_\_\_\_\_ having Membership No. \_\_\_\_\_ and deceased on      .

I request you to refund the share amount in the name of deceased member and credit to my SB / CD A/c No.  
                with \_\_\_\_\_ Branch / pay through NEFT to  
following account -

Bank Name : \_\_\_\_\_ Branch Name : \_\_\_\_\_  
IFSC Code :           A/c No.

or by Pay Order. As per bank's rules I agree to pay necessary charges for surrender of shares.

Particulars of all Share Certificate(s) are as follows :

Share Certificate No	No of Shares	Amount
<b>Total</b>		

Share Certificate No	No of Shares	Amount
<b>Total</b>		

Enclosed :

- (1) Share certificate/s (2) I-card/s of deceased member submitted  Lost   
 (3) Photocopy of Death Certificate (4) KYC of applicant  
 (5) Cancelled Cheque / Photocopy of First page of Pass Book, where IFSC Code, Branch Details & Applicant's name is printed.  
 (In case an applicant do not have account with us)  
 (6) Passport size photo of applicant

\_\_\_\_\_  
(Signature of Applicant)

**FOR BRANCH USE ONLY**

Direct / Indirect liability of deceased member : ₹ \_\_\_\_\_  
(Loan/Locker/Guarantee/Other)

Copy of documents received & signature verified by

Date

EMPLOYEE NO.	SIGNATURE

(Signature of Branch Official with Branch Stamp)