



Claim Form- For Claiming Credit Balance In Deceased Cardmember's Account

From,

To,

American Express Banking Corp.,
Cyber City, Tower C, DLF Bldg No.8
Sector 25, DLF City Ph II
Gurgaon - 122002 (Haryana)
Telephone – 1800 419 2122

Dear Sir/Madam,

Claim in respect of Late Mr / Mrs. _____ holding American Express® Card

I / We hereby advise the demise of Mr / Mrs. _____ R/o _____ on _____ . He / She held American Express® Card issued by your Bank having Card account number ending with <Last 4 digits>.

I / We lodge my / our claim for the credit balance and Membership Rewards® points (if any) lying in the Card account of the deceased Cardholder's account post adjustment of any outstanding balance, as per the Bank's internal policy. The relevant information about the deceased's legal heir(s) and claimant(s), and their respective relationship with the deceased Cardmember are as under:

1. Legal Heir(s)

S. No.	Full Name (as appearing on identification/	Age	Occupation	Address (as per Officially	Relationship with Deceased
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	Officially Valid Document)			Valid Document)	

2. Claimant(s):

S. No.	Full Name (as appearing on identification/ Officially Valid Document)	Age	Occupation	Address (as per Officially Valid Document)	Relationship with Deceased

I / We are submitting the following documents with this claim:

1. Self-attested copy of Death Certificate (Death Certificate issued by the relevant Municipal / Government authorities)
2. Deed of Indemnity
3. Self-attested copies of the identification document / Officially Valid Document of all the claimant(s), and PAN of claimant(s)
4. Cancelled cheque of the Bank Account of the Claimant(s)
5. If the amount of Claim is more than INR 1 Lakh: Self attested copy of Probated Will, or self-attested copy Succession Certificate or Legal heir certificate, as the case may be; or if the amount of Claim is less than INR 1 Lakh: Notarized affidavits on Rs. 10 stamp paper by claimant(s) declaring claimant(s) as eligible legal heir(s) for distribution of settlement amount in their favor (in case legal heir certificate or succession certificate is available, notarized affidavit is not required). (Only retain the applicable part).

I / We request you to pay the credit balance and Membership Rewards points (if any) lying in the above-mentioned deceased's Card account to, by way of fund transfer in the bank account details mentioned below, on my/our behalf post adjustment of any the outstanding balance lying in the deceased's Card account.

Claimant(s) bank account details as per provided Cancelled cheque:

1. Claimant 1:
2. Claimant 2:
3. Claimant 3:

I / We hereby solemnly affirm that there is no order from competent court / any authorities restraining payment to above-mentioned transferee(s).

The information provided in this application is complete, accurate and true to the best of my / our knowledge, information and belief, and no material information has been concealed in this regard. I / We will be jointly and severally liable to compensate the Bank for any claim or loss that it may suffer as a result of any incomplete or inaccurate information provided herein. I / We shall furnish any further information / documents that the Bank may require in this regard.

Yours faithfully,

Full Name:

Place:

Signature of Claimant(s):

Date: