



ಸುಕೋ ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಬ್ಯಾಂಕ್

SUCO SOUHARDA SAHAKARI BANK

Head Office : Moka Road, Gandhinagar, Ballari.

FORM OF INVENTORY OF CONTENTS OF SAFE DEPOSIT LOCKERS

Annex I-F

The following inventory of contents of Safe Deposit Locker No. \_\_\_\_\_ located at \_\_\_\_\_

Branch of Suco Souharda Sahakari Bank

\*hired in her/ his sole name by Shri/ Smt./ Kum. \_\_\_\_\_ (deceased),

\*hired jointly by Shri/ Smt./ Kum. (i) \_\_\_\_\_ (deceased),

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

was taken on this \_\_\_\_\_ day of \_\_\_\_\_ two thousand \_\_\_\_\_

Sr. No.	Description of Articles in Safe Deposit Locker	Other identifying particulars, if any
1		
2		
3		
4		
5		
6		
7		
8		

2. For the purpose of inventory, access to the locker was given to the nominee/ survivor/ legal heirs/ beneficiary named in the Will or their duly authorised representative/s:

- \*By breaking open the locker under her/ his/ their instructions.
- \*Who produced the key to the locker

3. The above inventory was taken in the presence of:

( i ) Nominee/ Legal heir/ Beneficiary named in the Will of deceased hirer(s) or their duly authorised representative

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

And

(ii) Survivors in case of Joint hirers (if applicable)

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

**(iii) Witness(es)**

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

**(iv) On behalf of Bank**

Custodian:

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

Bank employee other than Custodian:

Shri/ Smt./ Kum.: \_\_\_\_\_

Address: \_\_\_\_\_

Signature

\*(Kindly strike off whichever is not applicable)

**FOR OFFICE USE**

Request accepted / Customer met in person

Employee Name: \_\_\_\_\_

EC No.:

Designation : \_\_\_\_\_

Date :

Employee Signatures with Name Stamp

Request Approved by BM/DBM

Employee Name : \_\_\_\_\_

EC No.:

Designation : \_\_\_\_\_

Date :

Employee Signatures with Name Stamp

**ACKNOWLEDGEMENT**

\*I/ We, Shri/ Smt./ Kum. \_\_\_\_\_

\_\_\_\_\_

(Name of the nominee(s)/ legal heir(s)/ beneficiary named in the Will or their duly authorised representative and

Shri/ Smt./ Kum.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(surviving hirers, if applicable) hereby acknowledge the receipt of the contents of the safe deposit locker comprised in as set out in the above inventory. Further, all the contents in the locker have been removed and the locker is empty, and I/ we have no objection to allotment of the locker to allotment of the locker to any other locker hirer as per norms of the bank.

Shri/ Smt./ Kum.: \_\_\_\_\_

Signature

Shri/ Smt./ Kum.: \_\_\_\_\_

Signature

Shri/ Smt./ Kum.: \_\_\_\_\_

Signature

Date and Place: \_\_\_\_\_

\*(Kindly strike off whichever is not applicable)