



GERAB FINANCIALS LTD/དགེ་རབ་དངུལ་འབྲེལ་ཚན་འཛིན།

Date:

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Claim Nomination Form

I/We undersigned having savings/RD/FD/CD Account Number..... Would hereby nominate the following person(s) for claiming the amount(s) from the aforementioned account upon my demise.

SI No.	Name of the Nominee	CID Number	DOB	Relationship	M.No.	Share in %

I/We undertake the following conditions to be enforced by Gerab Financials Ltd:

1. Gerab Financials is hereby authorized to make the adjustment if there are any outstanding dues with the institution before disbursing to the nominee(s).
2. The nominee shall be eligible only for the available balance in the mentioned account(s).
3. Gerab Financials is fully authorized to make the payment of balance amount to nominee(s) and subsequently close the account.

I/We have read and clearly understood the conditions and procedures to claim legally from your account(s) of the Gerab Financials Limited and the Institution shall not be liable to any claim after the payments to the nominee(s) have been made.

Affix Legal Stamp
-Signature of the
bearer

Name: