

GRANTEES STATEMENT

( TO BE COMPLETED BY THE MASTER POLICY HOLDER I.E. FOREVER)

- 1) i) Name of the Scheme :.....  
ii) Master policy no :.....  
iii) Name & Address of MPH :.....  
.....

- 2) i) Full Name of the deceased member:.....  
ii) Date of Birth :.....  
iii) Date of Joining the service :.....  
iv) Date of Death :.....  
v) Cause of the death of member :.....

- 3) i) Name and address of the nominee: .....

- ii) If the nominee is another state .....
- name & address of guardian & relation .....

- iii) Name & address of the bank with .....
- Which the claimant has saving .....
- Bank account .....

NOTE:- Please specify the shares of the Nominees/heirs if there are more than one nominee/heir to whom the claim is to be paid and particulars of separate bank account No., if any.

We hereby declare that the answer to all the questions are true in every respect and that the above employee was a member of the Group Insurance Scheme.

Place : .....

( Signature and Seal of Master policy Holder)

Date:- .....

APPLICATION FOR PAYMENT OF CLAIM

To,

.....  
.....  
.....  
I, being the nominee/guardian of the minor/legal of the deceased employee, apply for the payment of the Life Insurance benefit payable in respect of him under the Group Insurance Scheme set up by you in lieu of the Employees Deposit Linked Insurance Scheme, 1976. I give below the necessary particulars:

1. Full Name of the deceased employees : .....
2. Name and Address of the Nominee/Legal : .....
3. If the nominee is minor, state name and : .....
4. Name & Full address of the bank with  
Which I have a saving Bank account .....
5. I.F.S.Code of the Bank .....

I enclose the original death certificate in respect since deceased employee and request that the claim amount to my above mentioned Bank Account.

(Signature or the thumb  
Impression of the Nominee/Guardian)

Place: .....  
Date: .....  
Witness : .....  
Signature : .....  
Full Name : .....  
Address : .....