



A.P. MAHESH CO-OPERATIVE URBAN BANK LTD.

(MULTI-STATE SCHEDULED BANK)

Head Office : 5-3-989, III Floor, Sherza Estate, Nizamshahi Road, Osmangunj, Hyderabad-500 095 (T.S.)
 Phones : 040 - 24615296, 24615299, 23437100 to 7103 & 7105 Fax: 040 - 24616427
 Website : www.apmaheshbank.com ISO 9001 : 2008 Certified E-mail : info@apmaheshbank.com

BRANCH

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME



Policy No : 900100005

Name of the Bank :

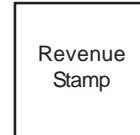
I/We, _____ do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above Policy on the life of member Shri/Smt. _____, under Savings Bank Account, details of which are provided hereunder :

IFSC Code : _____

Savings Bank Account No. : _____

Dated at _____ this _____ day of _____ 20_____

Witness: _____



(Signature of the Nominee)

Nominee Bank Account Details :

Nominee Name : _____

Name of the Bank : _____ Branch _____

Address : _____

Aadhar No.of Nominee/Claimant (if available) : _____

Bank Account No. : _____

IFSC Code : _____

(Copy of cancelled cheque to be attached)

(Signature of the Nominee)

(Signature of the authorized Bank Official)
Seal