



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

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA - CLAIM FORM

(to be completed by the Claimant & Bank)



1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana
2. POLICY NO : 900100005
3. FULL NAME AND ADDRESS OF THE BANK :
4. NAME OF THE DECEASED MEMBER :
5. DETAILS OF SAVINGS BANK ACCOUNT OF DECEASED MEMBER :
 IFSC CODE :
 SAVINGS BANK ACCOUNT NO. :
6. DATE OF ENTRY INTO SCHEME BY MEMBER :
7. DATE OF DEATH OF MEMBER :
8. CAUSE OF DEATH :
9. NAME OF NOMINEE * :
10. ADDRESS OF THE NOMINEE :

We hereby declare that the answers to all the above questions are true in every respect. We enclose Death Certificate as the proof of death of the Member.

*In case the Nominee is a minor, the guardian may fill in the claim form.

 (Signature of the Nominee* /Claimant)

We hereby certify that the above member was covered under the PMJJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to LIC. We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member.

PLACE _____

DATE : _____

 (Signature of authorized official of the Bank)

Seal

Encl: Death Certificate, Discharge Form & Consent-cum-Declaration Form.