

FORM-2



GOVERNMENT OF ANDHRA PRADESH Y.S.R. BIMA - NATURAL DEATH CLAIM FORM



(to be filled by the Claimant)

CLAIM FORM

- 1) Full Name deceased member : _____
- 2) Village/Ward Secretariat Name & Code : _____
- 3) Village/ ward Name : _____
- 4) Mandal/Municipality Name : _____
- 5) District Name : _____
- 6) Savings Bank Account No. of Deceased : _____
- 7) AADHAR No. of deceased : _____
- 8) Date of entry as per Volunteer Survey : _____
- 9) Date of death of member : _____
- 10) Cause of death : _____
- 11) Full Name and Address of NOMINEE : _____
- 12) Relationship of Nominee with Deceased : _____
- 13) Mobile No. of the Nominee : _____
- 14) AADHAAR No. of Nominee : _____
- 15) Savings Bank Account No. of Nominee : _____
IFSC Code : _____
Bank & Branch Name : _____

(Please enclose copy of Nominee updated & operative Bank Account Pass Book)

Declaration of Nominee:

We hereby declare that the above details are true in every respect and this is the only claim preferred under the YSR BIMA for the above deceased member. We enclosed herewith Death Certificate as the proof of death of the Member along with duly executed discharge form.

- *In case the Nominee is a minor, the Guardian / Appointee may fill in the claim form.*

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(Signature of the Nominee / *Nominee / Claimant)

We hereby certify that the above Deceased member and Nominee were covered under survey of YSR BIMA and the above details are true in every respect.

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(Signature & Seal of the WEA)

- Encl: 1) Death Certificate & Discharge Form
2) Copy of Nominee Bank Account.

