DISCHARGE RECEIPT FOR PAYMENT UNDER CHANDRANNA BIMA NATURAL DEATH CLAIM

Savings Bank Account No. of Nominee : …….

IFSC Code: ……

Bank Name: ……. Branch Name:……

I / We ……. do hereby acknowledge receipt from the CHANDRANNA BIMA, a sum of Rs. /- (Rupees Only) in full satisfaction and discharge of all our claim/s under the above scheme on the life of Mr. / Ms. ……

Dated at ……. This …….. day of …….. 2021.

Revenue stamp

(Signature of the Nominee / *Nominee / Claimant)

Witnesses:(Signature, Name & Address)

1) …… …….. ……..

2) …… …….. ……..

3) …… …….. ……..

Details of Nominee / appointee (in case of nominee is minor):

Name & Address : ……

……

Mobile No. …….. Email ID: ……..

Aadhar No. ……..

Savings Bank Account No. of Nominee : …….

IFSC Code: ……

Bank Name: ……. Branch Name:……

……

(Signature of the Nominee / *Nominee / Claimant)