DIGAMBER JAIN KUTUMB SURAKSHA YOJANA

(Cheritable Reg. Trust No. : E/15249/Ahmedabad Date : 01/02/2002)
6, Hariom Appartment, Raman Nagar, Maninagar, Ahmedabad - 380 008. Mob.: 9978402102 E-mail: djksy97@gmail.com
Website : www.djksy.org
Dr. Kamlesh Shah (M) 09825016581

Death Claim Application Form

Date : ☐☐ ☐☐ ☐☐☐☐

(1) Member's Name : _____ (2) Membership No. : FSS ☐☐☐☐

(3) Member's From : ☐☐ ☐☐ ☐☐☐☐

(4) Address : _____

_____ Mobile No. : ☐☐☐☐☐☐☐☐☐☐

(5) Expire on Date : ☐☐ ☐☐ ☐☐☐☐ (6) Expire at : _____

(7) Reason of death : Accident / Natural

(8) Name of Nominee : _____

I declare that information furnished hereby are true and correct to the best of my knowledge and belief and I have not made any false claim. I am fully aware of rules regulations of our Trust. Decision taken by our committee will be acceptable to me.

Yours Truly

x

Signature of the applicant (Nominee)

Name : _____

Enclosers : (1) Photo copy of Death Certificate. (2) Original member certificate of expire member (DJKSY)
(3) Cancel Cheque of applicant

ADVANCE RECEIPT

Date : _____

I _____ acknowledge receipt of

cheque No. _____ Date _____ of Rs. _____

drawn on _____ against my claim

x

Name & Sign of applicant

FOR OFFICE USE ONLY

Claim No. : D - _____

(1) Name of the Member : _____ (2) FSS No. : ☐☐☐☐

(3) Intimation Received on Date : ☐☐ ☐☐ ☐☐☐☐

(4) Members on claim : Total member on : ☐☐☐☐
(-) Expired Members : ☐☐☐☐
(-) Cancelation Members : ☐☐☐☐
(-) Missing Members : ☐☐☐☐
(=) Net Members : ☐☐☐☐

(5) Amount Calculation : Net Members _____ x Rs. (80 + 5) = Rs. : _____

(6) Sanctioned Amount : Rs. _____

(7) Payment Detail : Rs. _____ Chq. No. _____ Dt. ☐☐ ☐☐ ☐☐☐☐

Bank _____

For, Digamber Jain Kutumb Suraksha Yojna

x _____

Authorised Person of DJKSY