

FORM-2

GOVERNMENT OF ANDHRA PRADESH CHANDRANNABIMA - 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 **CHANDRANNABIMA** 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 **CHANDRANNABIMA** and the above details are true in every respect.

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(Signature & Seal of the WEA/WWDS)

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

DISCHARGE RECEIPT FOR PAYMENT UNDER CHANDRANNABIMA NATURAL DEATH CLAIM

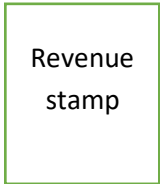
Savings Bank Account No. of Nominee :

IFSC Code:

Bank Name: Branch Name:.....

I / We do hereby acknowledge receipt from the **CHANDRANNABIMA** , 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 2024.



(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:.....

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(Signature of the Nominee / *Nominee / Claimant)

