

Pay Out Form for Death Claim

Policy No.																			
Date	D	D	M	M	Y	Y	Y	Y											

Name of the Claimant	F	I	R	S	T															L	A	S	T				
Correspondence Address/ Usual place of residence	F	I	R	S	T									L	A	S	T			F	L	A	T		N	O.	
	B	U	I	L	D	I	N	G						R	O	A	D		N	A	M	E	/	N	O.		
														L	A	N	D	M	A	R	K	1					
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A				L	A	N	D	M	A	R	K	2
	C	I	T	Y	/	V	I	L	L	A	G	E				S	T	A	T	E				Pincode			

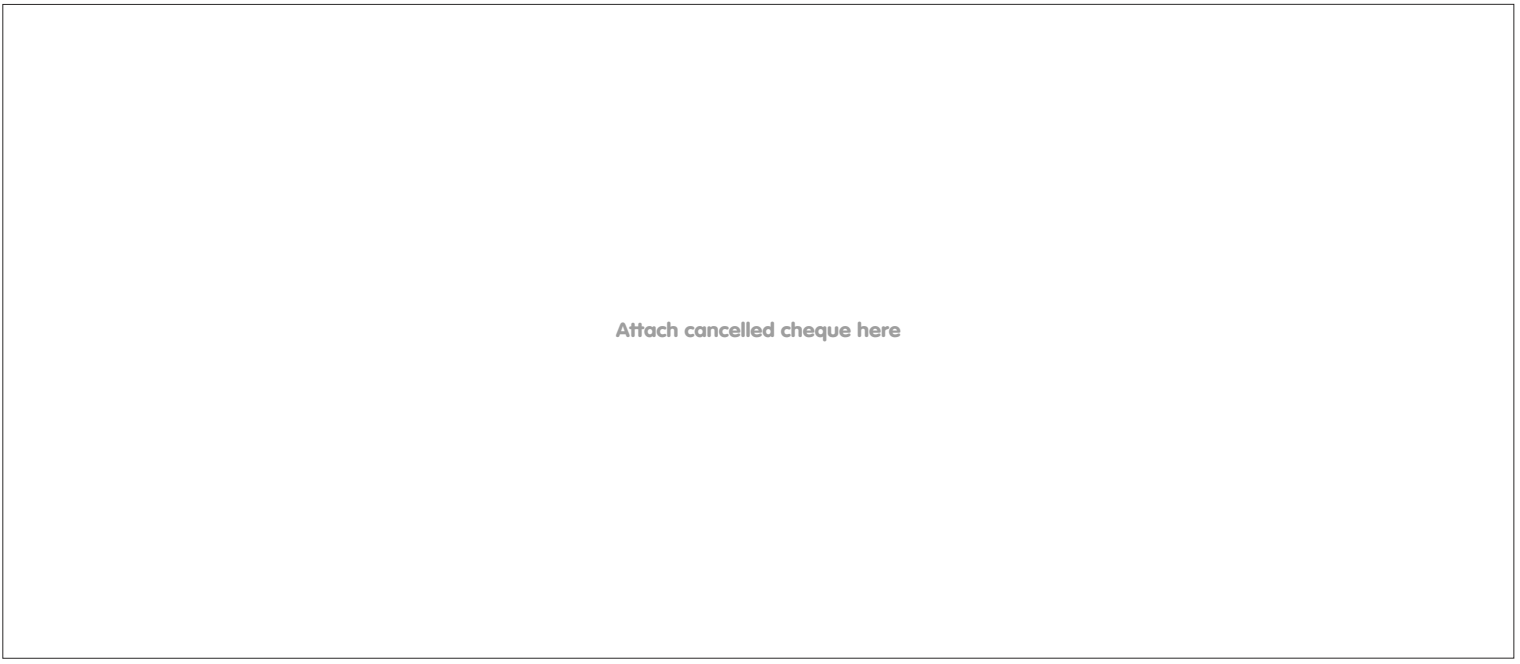
Bank Account Details

Claimant Name as per bank records	F	I	R	S	T															L	A	S	T										
	B	A	N	K		N	A	M	E					B	R	A	N	C	H		N	A	M	E									
	A	C	C	O	U	N	T		N	O.				I	F	S	C		C	O	D	E		M	I	C	R		C	O	D	E	

Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Signature of the Claimant _____
Date

D	D	M	M	Y	Y	Y	Y				
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Claimant signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the claimant/account holder and IFSC Code. In the absence of name in cheque leaf, the applicant needs to submit a recent bank statement of the same Bank Account. The bank a/c number should be clear and visible (please do not cross on a/c no.). If such details are not available direct transfer would not be an option.

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MKT/Pay Out Form for Death Claim/V.3 /April 2018