

MEMBER WELFARE FUND SCHEME

Claim Form

1. Name of deceased member : Lt./ _____
2. Name of Co-borrower : _____
3. Name of Guarantor : _____
4. **Loan Details :**
 - (a) Loan Amount Rs. _____ Rate of interest _____%, Tenure _____ month;
 - (b) Disbursement Date _____ Loan A/c No. _____
 - (c) Nos of Installment : _____ Installment Amount _____
 - (d) Repaid Nos of Installment : _____ Outstanding Nos of Inst. _____
5. **Details of death :**
 - (i) Date of death _____ Cause of death _____
 - (ii) Place of death _____ Death Report _____
6. **Legal Heirs :**
 - (a) SHRI/ SMT. _____
 - (b) Address _____
7. **Death Claim :**
 - 7.1. Date of submit _____ Claim submitted by _____ Tel. No. _____
8. **Proof documents submitted by me :** (attached)
 - 8.1. Death certificate; 8.2. Doctor report; 8.3. Police report (if any); 8.4. Concerned document of head of the village; 8.5. Relationship proof documents.

The above documents are submitted by is true to best of my knowledge and believe. So, I request to the honorable higher authority of the organization kindly provide financial support to my/our family as soon as possible.

Yours faithfully

Applicant _____

Documents attachment for application

1. ID Proof ;
2. Age Proof;
3. Address Proof;
4. Physical Medical Report;
5. Documents attachment for claim of appeal ;
6. Death Certificate;
7. Cause of death documents;
8. Original copy of LMWF Certificate;
9. Head of the village Certificate.