PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME Bima Yojana	:	Pradhan	Mantri	Jeevai	n Jyoti
2. POLICY NO.	:				
3. FULL NAME AND ADDRESS OF THE BANK:					
4. NAME OF THE DECEASED MEMBE	R :				
5. SAVINGS BANK ACCOUNT NO OF	DECEASED	MEMBER	:		
6. AADHAR NO. OF DECEASED (if ava	ilable):				
7. DATE OF ENTRY INTO SCHEME BY MEMBER :					
8. DATE OF DEATH OF MEMBER :		9. CAUSE	OF DEA	TH:	
10. NAME OF NOMINEE * : NOMINEE:		11.RELAT	TIONSHII		OF
12. ADDRESS OF THE NOMINEE :					
13. MOBILE NO. OF THE NOMINEE: AVAILABLE:			14. AA	.DHAR	NO. IF
15. DETAILS OF SAVINGS BANK ACC	OUNT OF 1	NOMINEE:			
IFSC CODE: SA	AVINGS BA	NK ACCO	UNT NO.	:	
We hereby declare that the answers to and this is the only claim preferred under the above deceased member. We enclos Member.	the Pradhan	Mantri Jee	van Jyoti l	BimaYo	ojana for
*In case the Nominee is a minor, the Guardi	ian/Appointe	e may fill in	the claim	form.	
	(Sig	nature of the	e Nominee	* /Clair	mant)
We hereby certify that the above member premium was debited from his bank according remitted to (Name of Insurance of Shri/Smt is the scheme.	ount on the Company). V	renewal dat Ve also certi	te prior to fy that as	his de per our	eath and records,
PLACE DATE:					
DATE.	(Signat	ure of author	rized offic	ial of th	ne Bank)
			Sea	1	

Encl: Death Certificate & Discharge Form.