

DISCHARGE RECEIPT FOR PAYMENT UNDER CHANDRANNA BIMA NATURAL DEATH CLAIM

Savings Bank Account No. of Nominee :

IFSC Code:

Bank Name: Branch Name:.....

I / We do hereby acknowledge receipt from the CHANDRANNA BIMA, 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 2021.

Revenue
stamp

(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:.....

.....
(Signature of the Nominee / *Nominee / Claimant)