

Late Smt Shardaben Rajnikant Shah



Accidental Death Benefit yojna



(Managed By Digamber Jain Kutumb Suraksha Yojna)

APPLICATION FORM FOR ACCIDENT DEATH BENEFIT

Date:

Name of Member			
FSS No		Mobile No	
Address			
Date of Accident		Place of Accident	
Date And Place of death		FIR no	
Date of Postmortem			
Enclosures – (Tick)	<ol style="list-style-type: none">1. Death Certificate2. Copy of Police FIR3. Copy of Post Mortem Report4.5.6.		

Applicant Name:

Applicant Sign. & Dt.:

OFFICE USE ONLY

Date

(Advance stamp receipt)

Received with thanks by Mr./Mrs _____

Of _____ Rs. 50,000/- by cheque No. _____ Dated _____

Bank _____ against accidental death of Mr/Mrs _____

Applicant Name:

Applicant Sign.