



CANARA BANK EMPLOYEES' UNION GOLDEN JUBILEE FAMILY WELFARE SCHEME

A UNIT OF CANARA BANK EMPLOYEES' UNION

BALAKRISHNA MENON SMARAKAM

TC 82/5376, Ambujavilasam Road, Thiruvananthapuram - 695 001

Phone : 0471 - 2472176, 0471 - 2982760, Website: cbeugjfw.co.in, E-mail : cbeutvm@gmail.com



CLAIM FORM FROM THE NOMINEE FOR PAYMENT OF DEATH RELIEF

Name of the Applicant : _____
 Name of the Deceased with Staff No. : _____ **Staff No.** _____
 Relationship with the Deceased : _____
 Address : _____

Date of Death : _____ Whether proof of death submitted : Yes / No

I Sri. / Smt. / Kurn. _____ Nominee of the deceased hereby
 declare that I am nominated to receive the benefits under the Canara Bank Employees' Union Golden Jubilee
 Family welfare Scheme Sri / Smt. _____
 I request you to credit the amount to my SB / OD / AC No. _____ with the
 _____ branch (**DP Code** _____) of Canara Bank
 in full settlement of the claim for the benefits from the scheme.
 (ATTACH COPY OF THE AADHAR OR PANCARD OF THE NOMINEE)

Date :

Signature :

Signature of Witness : _____
 Name with Staff No. : _____
 State Committee Member / Branch Secretary - Canara Bank Employees' Union
 Branch : _____
 Counter Signed by : _____
 State Secretary : _____

RECEIPT

Received from the Canara Bank Employees' Union Golden Jubilee Family Welfare
 Scheme the sum of Rs. _____ (Rupees _____)
 in full settlement of my claim as nominee of Sri. / Smt. _____ and
 the scheme is discharged from all liability and obligation to me or any person claiming for or through me.

Date :



Signature of Witness : _____
 Name with Staff No. : _____
 State Committee Member / Branch Secretary : _____
 Branch : _____
 Date : _____

To be filled up without fail