## Annexure D

## **Declaration from Member Bank [on Bank's letterhead]**

Weh	nereby confirm that Mr./Mrs		having				
Aadr	nar number		is holder of				
acco	unt number no		and was issued a RuF	ay			
PMJ	DY Card bearing no						
Acco	ount opening date:	_					
Card	type: [PMJDY [OLD/NEW] (please	specify)					
A.	Details of Customer induced transaction	ction qualifying	for the RuPay Insurance Program 202	22-23			
	Date of Transaction	: <u> </u>					
	Type of Transaction	: <u> </u>					
	Brief Description of transaction	:					
В.	Details of Nominee / Legal Heir						
	Name of Nominee / Legal Heir:						
	Aadhar Number of Nominee/ Legal Heir:						
	Relation with Cardholder:						
	Nominee's/ Legal Heir's Bank Name:						
	Nominee's/ Legal Heir's Account number:						
	Nominee's/ Legal Heir's Account IFSC code:  [Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]						
	[In case Nominee details are not available, Legal Procedure to be adopted as per bank's						
	guidelines and Legal Heirs details to be provided.]						
	3 <u></u>						
			AUTHORISED SIGNATORY WITH BANK SEAL.				

C.	Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]					
D.	Details of Bank's Official fo	r follow	un regarding th	e cantioned claim		
D.	Details of Bank's Official for follow up regarding the captioned claim.  Name and Address of Bank:					
	Name of Official	:				
	Contact Number	:	Mobile:			
			Landline:			
	Email ID of Bank Branch	:				
	Email ID of Bank RO/ZO	:				
	ereby solemnly affirm that the ledge and belief.	e above	statements are	e true and correct to the best of my/our		
KIIOW	leage and belief.					
We a	lso confirm that the documen	its sent	in support of the	e captioned claim are true copies and		
have	been verified by us with the	original	documents.			
				AUTHORISED SIGNATORY WITH BANK SEAL.		