

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No: _____

Name of the Bank: _____

I/We, _____

do hereby acknowledge receipt from the -----(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr/Ms. _____, covered under this scheme under Savings Bank Account No.,-

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue Stamp

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor) :

Name : _____

Mobile No. : _____ E-mail Id : _____

Aadhar Number. (if available) : _____

Bank Account No. : _____

Name of the Bank : _____ Branch : _____

Address : _____

IFSC Code : _____

(Copy of cancelled cheque to be attached)

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)