FORM-2



Encl: 1) Death Certificate & Discharge Form 2) Copy of Nominee Bank Account.

GOVERNMENT OF ANDHRA PRADESH Y.S.R. BIMA - NATURAL DEATH CLAIM FORM

(to be filled by the Claimant)



CLAIM FORM

1)	Full Name deceased member	:	
2)	Village/Ward Secretariat Name & Code	:	
3)	Village/ ward Name	:	
4)	Mandal/Municipality Name	:	
5)	District Name	:	
6)	Savings Bank Account No. of Deceased	:	
7)	AADHAR No. of deceased	:	
8)	Date of entry as per Volunteer Survey	:	
9)	Date of death of member	:	
10)	Cause of death	:	
11)	Full Name and Address of NOMINEE	:	
12)	Relationship of Nominee with Decease	:	
13)	Mobile No. of the Nominee	:	
14)	AADHAAR No. of Nominee	:	
15)	Savings Bank Account No. of Nominee	:	
	IFSC Code	:	
	Bank & Branch Name	:	
	(Please enclose copy of Nominee updated 8	к ор	erative Bank Account Pass Book)
<u>Decla</u>	ration of Nominee:		
We h	ereby declare that the above details are true	in e	every respect and this is the only claim preferred under the
YSR E	BIMA for the above deceased member. We er	nclos	sed herewith Death Certificate as the proof of death of the
Memb	per along with duly executed discharge form.		
•	In case the Nominee is a minor, the Guardia	an /	Appointee may fill in the claim form.
			(Signature of the Nominee / *Nominee / Claimant)
We h	ereby certify that the above Deceased membe	r ar	nd Nominee were covered under survey of YSR BIMA and
	bove details are true in every respect.		•
	, ,		
			(Signature & Seal of the WEA)

DISCHARGE RECEIPT FOR PAYMENT UNDER Y.S.R. BIMA NATURAL DEATH CLAIM

		ominee :	
	2:		me:
I / We		do here	eby acknowledge receipt from the Y.S.R. BIMA, a
sum of Rs.	/- (Rupees		Only) in full satisfaction and discharge of al
our claim/s under t	the above scheme on	the life of Mr. / Ms	
Dated at	This	day of	2021.
		(Signature o	Revenue stamp f the Nominee / *Nominee / Claimant)
1) 2)) 	
Details of Nominee	/ appointee (in case	e of nominee is minor):	
Name & Address			
		Email ID:	
Savings Bank Acco	unt No. of Nominee :	:	
IFSC Code:			
Bank Name:		Branch Name:	

(Signature of the Nominee / *Nominee / Claimant)