



**CANARA BANK EMPLOYEES' UNION GOLDEN JUBILEE
DEATH RELIEF AND WELFARE FUND SCHEME**

A UNIT OF CANARA BANK EMPLOYEES' UNION

Ambujavilasam Road, Thiruvananthapuram - 695 001

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CLAIM FORM FROM THE NOMINEE FOR PAYMENT OF DEATH RELIEF

NAME OF THE APPLICANT
NAME OF THE DECEASED
RELATIONSHIP WITH THE DECEASED
ADDRESS

STAFF NO.

DATE OF DEATH

Whether proof of death submitted : YES/NO

I SRI/SMT/KUM.

Nominee of the deceased hereby declare that I am

nominated to receive the benefits under the Canara Bank Employees Union Golden Jubilee Death Relief and Welfare Fund Scheme by Sri/Smt

I request you to credit the amount to my SB/OD A/C NO.

(Thirteen digit number)

with branch **DPCODE**

of Canara Bank in full settlement of

the claim for benefits from the Scheme

DATE:

SIGNATURE

SIGNATURE OF WITNESS

NAME

STAFF NUMBER

BRANCH

COUNTER SIGNED BY STATE SECRETARY

RECEIPT

Received from Canara Bank Employees Union Golden Jubilee Death Relief and Welfare Fund Scheme a Unit of CANARA BANK EMPLOYEES UNION a 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

REVENUE STAMP

Date:

SIGNATURE

Signature of witness

Name with Staff Number

Signature of Branch Secretary/State Committee Member

Branch

Date

TO BE FILLED UP WITHOUT FAIL