

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No:

Name of the Bank :

I/We, _____

Do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the 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 member Shri/Smt. _____, under Savings Bank Account, details of which are provided hereunder :

IFSC Code : _____ Savings Bank Account No. : _____

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue
Stamp

(Signature of the Nominee)

Nominee Bank Account Details :

Nominee Name : _____
Name of the Bank : _____ Branch : _____
Address : _____

Aadhar No.of Nominee/Claimant (if available) : _____
Bank Account No. : _____
IFSC Code : _____

(Copy of cancelled cheque to be attached)

(Signature of the Nominee)

(Signature of the authorized Bank Official)

Seal