## **Annexure D**

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

We h	ereby confirm that Mr./Mrs			having			
Aadh	ar number			is holder	of		
	unt number no				uPay		
PMJI	DY Card bearing no						
Acco	unt opening date:_						
Card	type: [PMJDY [OLD/NEW] (please	specify)					
A. I	Details of Customer induced transac	ction qualify	ying for the Ru	Pay Insurance Program 2	023-24		
	Date of Transaction	: .					
	Type of Transaction	: .					
	Brief Description of transaction	: .					
attac	[Copy of Account Statement of ca	ardholder w	vith highlighted	qualifying transaction to b	)e		
B.	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.]						
				HORISED SIGNATORY VITH BANK SEAL.			

C.	Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]					
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	:				
We he	ereby solemnly affirm that the	e above	statements are	true and correct to the best of my/our		
	ledge and belief.			·		
				e captioned claim are true copies and		
have	been verified by us with the o	original c	locuments.			
				AUTHORISED SIGNATORY WITH BANK SEAL.		