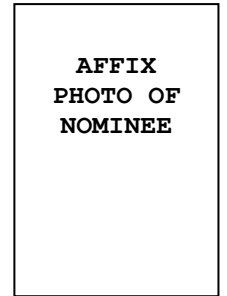
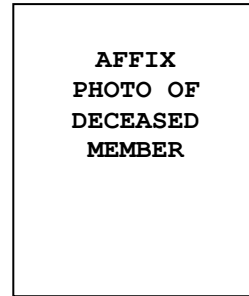


DEATH CLAIM FORM

To,
The Secretary,
Telangana Advocates' Mutually Aided Co-operative
Society Ltd., City Civil Court Premises, Hyderabad.

Policy period from 01-4-2020 to 31-03-2021

Member Folio No. _____



DETAILS OF THE DECEASED MEMBER (Please write in Capital Letters)

1. Name of the deceased member : _____
(Enclose Photo Id Proof & Original Death Certificate)
2. Date of birth : _____ Age: _____
3. Date of death : _____
4. Name of the Nominee & Relationship : _____
(Enclose photo Id proof & relation proof of Nominee)
5. Cause of death : _____

(In case death occurred due to accident or any other unnatural event enclose FIR & Post mortem reports)

6. Bank Account details of Nominee
(Enclose original cancelled cheque folio & Xerox copy of 1st page of Bank Pass Book of Nominee)
Bank Account No : _____ IFSC Code: _____
Name of the Bank & Branch Address: _____

7. Indemnity Bond from Nominee in case any dispute by other Legal Heirs or in the absence of Nominee, it is the prerogative of Board.

I/we do here by certify that the information furnished above is true and correct in every respect to the best of my/our knowledge and belief. I/we hereby undertake to execute indemnity Bond in favour of Telangana Advocates' Mutually Aided Co-operative Society Ltd., Hyderabad, for refund of amount along with interest, if any, provided any rival claim by any other legal heir through any Judgment, order of any competent Court or Tribunal.

I/we do further Indemnify the Society that I/we are the Lawful Legal Heir/Nominee of the deceased Member of the Society and in the event of any claim by any other person as lawful legal heir or nominee of deceased member through any competent Court or Tribunal in such event, we undertake to refund the amount of Rs.5,00,000/- (Rupees Five Lakhs only) paid by the Society towards death benefit with interest if any.

Place: _____

Date : _____

Full postal address: _____

Cell No: _____

Nominee Signature : _____

Nominee Name in Caps : _____

Signature of Witnesses (Two practicing Advocates)

Name, Enrollment No. Signature, Date, Cell No.

1. _____

2. _____

REQUIRED DOCUMENTS FOR DEATH CLAIM

1. Original Death certificate (FIR and P.M.E report in case of accidental, Homicide or unnatural death)
2. Bar association or Bar council enrollment Xerox of the deceased Member
3. Deceased Member Aadar Card Xerox or any other ID proof,
4. Nominee Relationship proof & Photo Id Proof (Aadar Card Xerox / Ration Card Xerox with relation)
5. Pass port size Photos of Deceased Member (2) & Nominee photos (2)
6. Nominee Bank Pass Book 1st page Xerox
7. Nominee Bank cancelled Cheque Leaf
8. Nominee Signature on all above Xerox copies with date.
9. Original Share certificates/ Original deposit amount receipts

Date:_____

DEATH INTIMATION LETTER

To
The Secretary,
The Advocates' Mutually Aided Co-op Society Ltd.,
City Civil Court, Diwan Devdi,
Hyderabad.

Sir,

Sub: Death Intimation of Member of the Society –Reg.

I regret to inform that Sri_____ S/o_____ Member with Folio No._____, had expired on _____ His /Her Nominee is Sri / Smt_____ .

You are therefore requested to arrange for payment of all the benefits due to the Deceased from the Society and oblige.

Thanking you ,

Address:

Yours sincerely

Signature :_____
Name in Caps:_____
Relation ship :_____
Contact No :_____