

Annexure D

Declaration from Member Bank [on Bank's letterhead]

We hereby confirm that Mr./Mrs. _____ having
Aadhar number _____ is holder of
account number no. _____ and was issued a
RuPay Card no. _____.

Card type : [**CLASSIC / PLATINUM / SELECT / OTHER-** please specify]

A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2018-19.

Date of Transaction : _____

Type of Transaction : _____

Brief Description of transaction : _____

Transaction fulfils the usage criteria (45/90) days: YES / NO

[Copy of Account Statement with highlighted qualifying transaction to be attached]

B. Details of Nominee :

Name of Nominee : _____

Aadhar Number of Nominee : _____

Relation with Cardholder : _____

Nominee's Bank Name : _____

Nominee's Account number : _____

Nominee's Account IFSC : _____

[Copy of Pass Book / Cancelled Cheque 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.]

AS

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

D. Details of Bank's Official for followup regarding the captioned claim.

Name of Official : _____
Contact Number : Mobile : _____
Landline : _____
Email ID : _____

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and beleif.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY WITH BANK SEAL.

Handwritten signature