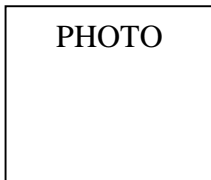


**CONFIRMATION BY BANK
(Disability Claim)**

It is confirmed that the account No being maintained at this bank by Ex Service No is being operated by him. Specimen Signature of (appended in my presence) have been duly attested by me.

Specimen Signature



Signature
Name
of Manager / Agent
Name of the bank
Branch
Address

Seal Of Bank :

Date :

Note : If the account holder is not in a position to Sign, and affix thumb impression, a photograph of account holder duly attested by the Bank Manager may also be attached with this proforma and claim.