

AIR FORCE GROUP INSURANCE SOCIETY
POST RETIREMENT DEATH CLAIM FORM

Part – I (To be completed by the claimant)

1. I (Name) (Relationship) of late Rank Name Service No who died on on account of(cause of death) request the Secretary, Air Force Group Insurance Society to remit Rs. (in words) being the amount admissible under the Air Force Group Insurance Scheme by “account payee” cheque to my bankers (Name and address of the bank) for credit of my SB a/c No IFSC/RTGS Code and MICR CODE.....

2. Number of children including children from pre-deceased wife, if any with their age:

<u>Sl No</u>	<u>Name</u>	<u>Relationship with deceased</u>	<u>Date of Birth</u>	<u>Marital Status</u>
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3. I certify that the above particulars are correct.

PRE-RECEIPT

Received Rs
Rupees

Signature of the claimant
Address
.....
Tele./ Mobile No with STD Code
.....

1 Rupee Revenue Stamp

Part – II (To be completed by claimant)
(VERIFICATION CERTIFICATE)

(To be verified by Magistrate / Secretary DSSA Board / Station Commander of any Air Force Station/ Secretary, Air Force Association/Tehsildar)

Certified that the information furnished above has been verified and found correct and that the signature of the claimant in part I were appended in my presence.

Signature
Name
Magistrate / Secretary Zila Sainik Board / Station
Commander Air Force Stn / Secretary, Air Force
Association/ Tehsildar / Gazetted Officer/
Comissioned Officer/ Bank Manager of your bank
Office Seal

Place
Date

Claimant’s Photograph duly attested by the authority signing in part II to be affixed here.
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Part – III (To be completed by AFGIS)

Checked and passed for payment

Rs.....

Rupees.....

.....

Approved

Secretary, AFGIS

Chairman, Managing Committee

Payment particulars :-

Paid vide cheque No Dated

(JD Finance), AFGIS

AFGIS – 229

CERTIFICATE BY BANK (To be completed by the Bank)

It is confirmed that the account No..... being maintained by Shri/ Smt
..... relationship of late
..... is an individual account and not a joint account and is operated by herself/ himself. Specimen signature of Shri/
Smt given below are hereby attested. The photograph of the account holder affixed at para II
has been verified.

Specimen Signature

1.

2.. ..

IFSC/RTGS CODE of Bank is

MICR CODE of Bank is

Signature of Bank Manager

Name

Name of the Bank

Bank Address

.....

.....

Date

Bank Seal