

## GROUP TERM INSURANCE SCHEME – CLAIM FORMAT

### PART - 1

[To be filled in by the applicant in duplicate]

FROM  Name: ..... Address: ..... ..... .....	TO  The Asst.General Manager Staff Welfare Section HRM, PAD, H.O., Mangalore
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Through: Corporation Bank, .....  
[Branch/Office]

Dear Sir,

### Sub: Staff Welfare Scheme - Group Term Insurance Scheme

I/We, hereby, request you to release the benefit available under the aforesaid Staff Welfare Scheme, on account of death of Sri/Ms....., E/M.No....., .....(designation), who was last working at ..... [Branch/Office] .

I furnish here below the relevant particulars:

SL. No.	PARTICULARS	
01	Name of the applicant/s (Nominee/s of SPF / legal heirs as the case may be)	
02	Full address of the applicant	
03	Relationship of the applicant with the deceased employee	
04	Date of death of employee (enclose death certificate)	
05	Place of death	
06	Cause of death	
07	Date when last attended office prior to death	
08	References <b>(Please furnish 2 references known to the Bank)</b>	

I/We hereby declare that the above information furnished are true and correct.

I/We request you to release the benefit under subject Staff Welfare Scheme, at an early date.

Place:  
Date:

Signature of the applicant

**PART - II**

[To be filled in by the Branch / Office through whom the application is submitted]

1. Date of receipt of the application:
2. I have verified the application and certify as under:

[i] The application is properly drawn

[ii] The applicant is ..... of Late ..... and known to me.

Place:

Date:

Manager/Senior Manager/Chief Manager  
(with office seal)

**Late Employee No. : E / M. ....**

**DETAILS OF NOMINEE/S :**

Name of the Nominee/s :

Date of Birth of the Nominee/s :

Corporation Bank Savings Bank Account Nos :

IFSC CODE : ..... MICR CODE :

BANK & BRANCH ADDRESS:

CORPORATION BANK CANCELLED CHEQUE LEAF TO BE ENCLOSED.

**PLEASE CONFIRM THAT THE ACCOUNT IS IN THE INDIVIDUAL NAME OF NOMINEE.**

**FOR FURTHER DETAILS / QUERIES, PLEASE CONTACT :**

**CORPORATION BANK,**

HEAD OFFICE, STAFF WELFARE SECTION,

HUMAN RESOURCE MANAGEMENT DIVISION,

MANGALADEVI TEMPLE ROAD, PANDESHWAR

MANGALORE – 575 001. Ph: 0824-2861545, 2442379

Mail us : welfare@corpbank.co.in