

## APPLICATION FORM FOR DEATH CLAIM FROM KPCRWT

To

The Managing Trustee  
KPCRWT  
Vijayanagar, Bangalore

From

Photo of the Nominee
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Dear Sir/Madam

Subject: - Claiming Benefit by the nominee from KPCRWT on death of Registered Pharmacist

Sl.No.	Particulars	
1.	KSPC Reg.No. & Date	
2.	KSPC Reg. Validity	
3.	KPCRWT (enrolment No.) & Date	
4.	Registered Pharmacist expired/deceased date	
5.	Name of the Registered Pharmacist	
6.	Name of the Nominee with relationship	
7.	Address of the Nominee	
8.	Mob. No. of the Nominee	
9.	Aadhar Card No. of the Nominee	
<b>Bank details of the nominee</b>		
1.	Bank Account No	
2.	Bank Name	
3.	IFSC Code	
4.	Bank Address	

I the above-named nominee do hereby confirm that the above said information including the Bank details are true and correct and I request you to consider my application and release the claim amount from the Trust.

**Date:** .....

**Signature of the Nominee:** .....

### Enclosures:

- 1) Original Registered Pharmacist Certificate
- 2) Original Enrolment Certificate
- 3) Original Death Certificate
- 4) Xerox copy of Aadhar Card of Nominee
- 5) Xerox copy of the bank passbook with account details
- 6) Family tree in case of both Registered Pharmacist and Nominee is expired

**Format of Indemnity Bond to be typed on Rs.100/- Non-Judicial Bond Paper attested by Notary for Death Claims by the Legal Heirs of the Registered Pharmacists in case Registered Pharmacists and Nominee has Expired**

**INDEMNITY BOND**

This Indemnity Bond is executed on this \_\_\_\_ day of \_\_\_\_ (month) of \_\_\_\_ (year) at \_\_\_\_ (place).

I, Mr./Ms. \_\_\_\_\_, father/mother/son/wife/daughter of Mr. \_\_\_\_\_, is/ are/ legal heirs of the deceased \_\_\_\_\_ who was enrolled in the KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACISTS' WELFARE TRUST (in short TRUST) bearing No. \_\_\_\_\_.

Now I/we made application for getting the death claim amount as per the nomination made by deceased \_\_\_\_\_, who died on \_\_\_\_\_ to above trust. I /we represent on behalf of the other family member/s/minor children/s to the trust.

I /we produce all the relevant documents with pertaining to my/our family for getting the amount from trust.

NOW THEREFORE this Deed witnesses and it is agreed to and undertaken by me/by us to safeguard the interests of the Trust and to keep trust harmless against any claim or demand made or proceedings initiated by any one claiming under the deceased Sri/Smt \_\_\_\_\_ against the trust in respect of monetary benefit of the Trust given to the legal heir/Indemnifier herein, on which the trust in the event of the any claim, damages, interest or, cost thereof will be bear and solve by the Indemnifier on his/her /their costs.

I /we are not suppressed any information to the trust which is within our knowledge and information and documents produced by me/us.

IN WITNESS WHEREOF this Deed has been executed at \_\_\_\_\_ by the aforesaid, in the presence of witnesses.

INDEMNIFIER

**Witnesses:**

**1.**

**2.**