

## APPLICATION FORM FOR DEATH CLAIM FROM KPCRJWT

To

The Managing Trustee  
KPCRJWT  
Vijayanagar, Bangalore

From

Photo of the Nominee
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Dear Sir/Madam

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

Sl.No.	Particulars	
1.	KSPC Reg.No.	
2.	Name of the Registered Pharmacist	
3.	Registered Pharmacist expired/deceased date	
4.	KPCRJWT (enrolment No.)	
5.	Name of the Nominee	
6.	Address of the Nominee	
7.	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