



**KARNATAKA STATE PHARMACY COUNCIL**  
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## **FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND PAPER OF KARNATAKA ATTESTED BY NOTARY FOR DEATH CLAIM BY THE NOMINEE**

### **AFFIDAVIT**

I Sri/Smt/.....S/o/D/o Sri..... aged.....years residing at ..... (Karnataka Address) do hereby solemnly affirm and state as under:

1. Sri \_\_\_\_\_ S/o \_\_\_\_\_ bearing Registration No: \_\_\_\_\_ was \_\_\_\_\_ (Specify relationship).
2. Sri \_\_\_\_\_ S/o \_\_\_\_\_ had nominated me as a nominee to receive the benefits from the KRPWT vide Enrolment certificate No: \_\_\_\_\_ dated: \_\_\_\_\_.
3. Sri \_\_\_\_\_ S/o \_\_\_\_\_ expired on \_\_\_\_\_ vide death certificate No: \_\_\_\_\_ dated \_\_\_\_\_.
4. I \_\_\_\_\_ S/o \_\_\_\_\_ residing at \_\_\_\_\_ -  
----- hereby declare that I am the legitimate bonafide nominee of late \_\_\_\_\_ S/o \_\_\_\_\_ to receive the benefit from the said Trust.

I swear that the information furnished above are true and correct and I may be submitted to any legal action in case the above declaration is found to be untrue and false.

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary