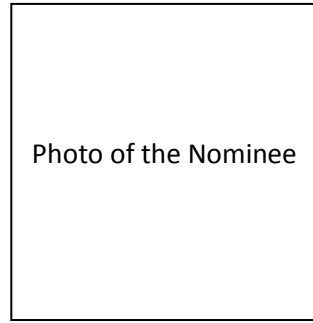


## APPLICATION FORM FOR DEATH CLAIM FROM KPCRWT

To

The Managing Trustee  
KPCRWT  
Vijayanagar, Bangalore

From



Dear Sir/Madam

Subject: - Claiming Benefit by the nominee from KPCRWT 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.	KPCRWT (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 No.....
- 2) Original Enrolment Certificate No. ....
- 3) Death Certificate
- 4) Aadhar Card of Nominee
- 5) Front page of the passbook with account details