Annexure D

Declaration from Member Bank [on Bank's letterhead]

We hereby confirm that Mr. /Mrs. _____ having

Aadhar number _____is holder of

Account number no. _____And was issued a RuPay

Card bearing no. _____.

Account opening date : _____

Card type : **PMJDY [OLD/NEW]**

A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2026-2027.

Date of Transaction : _____

Type of Transaction : _____

Brief Description of transaction : _____

_____

[Copy of Account Statement of cardholder with highlighted qualifying transaction to be attached]

B. Details of Nominee / Legal Heir

Name of Nominee / Legal Heir : _____

Aadhar Number of Nominee/ Legal Heir : _____

Relation with Cardholder : _____

Nominee's/ Legal Heir's Bank Name : _____

Nominee's/ Legal Heir's Account number : _____

Nominee's/ Legal Heir's Account IFSC code : _____

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be Attached]

[In case Nominee details are not available, Legal procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY
WITH BANK SEAL.

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

_____

_____

_____

_____

_____

_____

D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank : _____

_____

_____

Name of Official : _____

Contact Number : Mobile: _____

Landline: _____

Email ID of Bank **Branch** : _____

Email ID of Bank **RO/ZO** : _____

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY
WITH BANK SEAL.