

## DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

I/We, \_\_\_\_\_

do hereby acknowledge receipt from the -----(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr/Ms. \_\_\_\_\_, covered under this scheme under Savings Bank Account No.,-  
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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                  |
|------------------|
| Revenue<br>Stamp |
|------------------|

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

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### Details of nominee / appointee (in case nominee is minor) :

Name : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail Id : \_\_\_\_\_

Aadhar Number. (if available) : \_\_\_\_\_

Bank Account No. : \_\_\_\_\_

Name of the Bank : \_\_\_\_\_ Branch : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

IFSC Code : \_\_\_\_\_

### **(Copy of cancelled cheque to be attached)**

\*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)