

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: [**PLATINUM / SELECT**]

A. Details of Card induced transaction qualifying for the RuPay Insurance Program 2024-25.

Date of Transaction : _____
Type of Transaction : _____
Brief Description of transaction : _____

[Copy of entire 30 days 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.