

**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.,----

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue
Stamp

(Signature of the Nominee* /Claimant)

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(if available)}

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

(Signature of the Nominee* /Claimant)