

Annexure II

Format for Certification of Death Claim from Agent/ Development Officer/ SBA/ Employee.

I hereby confirm the death of Shri/Smt \_\_\_\_\_  
Policyholder/LA under Policy No. \_\_\_\_\_,  
as intimated to the Office. He was residing at \_\_\_\_\_  
\_\_\_\_\_

Signature:- \_\_\_\_\_

Date: \_\_\_\_\_

(Agent/ Development Officer/ SBA/Employee)

Place:- \_\_\_\_\_

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

Agency Code/Sr.No: \_\_\_\_\_

Designation/Club Membership:- \_\_\_\_\_

Branch/ code No:- \_\_\_\_\_