

## 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),  
Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under  
policy on the life of Mr/Ms. \_\_\_\_\_, covered under this scheme under Savings Bank Ac

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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 : \_\_\_\_\_