

REGISTERED MEMBER DEATH WELFARE GRANT FORM

(To be claimed by authorized family member only)

#	Details	Documents required
1	Name of the deceased registered member	Produce death certificates either from the Gup or Hospital
2	Date of death	

I hereby declare and assure that all the information provided above is true and accurate.

Date:

Signature of the Authorized Claimant**For BSWS Official Use Only****VERIFICATION:**

The documents of the above deceased registered member bearing EID No, CID No and bearing Registration No are all checked and verified. Accordingly, his membership from BSWS is deregistered on (d/m/y) and a grant of Nu may be approved for the disbursement.

(GENERAL SECRETARY, BSWS)**APPROVAL:**

Approved and considered for the disbursement of Nu to the above authorized claimant.

(CHAIRPERSON, BSWS)**DISBURSEMENT:**

A sum of Nu (in words) is disbursed to Mr/Mrs vide Cheque No dated on (d/m/y).

DISBURSED BY:

RECEIVED BY:

(TREASURER)**(Name, Date & Signature of Claimant with revenue stamp)**