

DEPENDENT DEATH WELFARE GRANT FORM

(To be claimed by registered member only)

#	Details	Documents required
1	Name of the deceased dependent	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 Registered Member**For BSWS Official Use Only****VERIFICATION:**

The documents of the above deceased dependent of Mr/Mrs (Registered member) bearing EID No, CID No and bearing Registration No are all checked and verified. Accordingly, deceased dependent is delisted 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 registered member.

(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)**