

**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)**