



**THE KALYAN JANATA
SAHAKARI BANK LTD.**
MULTI-STATE SCHEDULED BANK



Head Office: Kalyanam_astu,
Om Vijaykrishna Apt., Adharwadi,
Kalyan (W) 421-301. Maharashtra.
kalyanjanata.in @ f t KJSBank

**FINANCIAL AID GIVEN TO
NOMINEE / LEGAL HEIR**

DETAILS OF APPLICANT

Date	D D - M M - Y Y Y Y	Membership No.		Customer ID	
First Name		Middle Name		Last Name	
Name					
Address	Line 1*				
	Line 2		City / Town / Village*		
District*	Pin / Post Code*		Mobile No.		

To,
The Chief Executive Officer,
The Kalyan Janata Sahakari Bank Ltd., Kalyan (W)

Sir/Madam,

Below mentioned member of the bank is expired due to natural cause/due to accident. As a nominee grant me the financial aid under Shareholders Welfare Fund Scheme.

First Name		Middle Name		Last Name	
Member's Name					
Date of Death	D D - M M - Y Y Y Y	Membership No.			

I have read, understand and accepts all T&C of said scheme mentioned on bank's website. Kindly, credit the proceeds to my following account or pay through Pay Order/NEFT/RTGS.

Account no.		Branch	
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Note :

- 1) This facility should be availed within 2 years from the date of death of member along with share refund/transfer application only.
- 2) Amount of financial assistance : In case of natural death - ₹ 1000/- and In case death due to accident - ₹ 5000/-

Mandatory 1. Photocopy of death certificate
Enclosed: 2. Photocopy of Panchanama (in case of accidental death)
3. KYC documents Proof of Identity & Address of applicant
4. NEFT/RTGS funds transfer application along with Cancelled cheque/photocopy of first page of passbook having printed name of account holder, account number & IFSC.

Signature/s of applicant/nominee

FOR BRANCH USE

Application received & In person KYC verification carried out by :

Employee Name :

Employee Code : Date :

Designation :

Branch

Signature of Branch Official along with Branch Seal

HO REMARK

Financial Aid given to nominee/legal heir under

Share Holders' Welfare fund on D D - M M - Y Y Y Y

Signature of Officer
(Share Department)