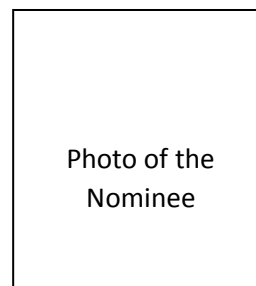


APPLICATION FORM FOR DEATH CLAIM FROM KPCRWT

To

The Managing Trustee
KPCRWT
Vijayanagar, Bangalore

From



Dear Sir/Madam

Subject: - Claiming Benefit by the nominee from KPCRWT on death of Registered Pharmacist

Sl.No.	Particulars	
1.	KSPC Reg.No. & Date	
2.	KSPC Reg. Validity	
3.	KPCRWT (enrolment No.) & Date	
4.	Registered Pharmacist expired/deceased date	
5.	Name of the Registered Pharmacist	
6.	Name of the Nominee with relationship	
7.	Address of the Nominee	
8.	Mob. No. of the Nominee	
9.	Aadhar Card No. of the Nominee	
Bank details of the nominee		
1.	Bank Account No	
2.	Bank Name	
3.	IFSC Code	
4.	Bank Address	

I the above-named nominee do hereby confirm that the above said information including the Bank details are true and correct and I request you to consider my application and release the claim amount from the Trust.

Date:

Signature of the Nominee:

Enclosures:

- 1) Original Registered Pharmacist Certificate
- 2) Original Enrolment Certificate
- 3) Original Death Certificate
- 4) Xerox copy of Aadhar Card of Nominee
- 5) Xerox copy of the bank passbook with account details
- 6) Family tree in case of both Registered Pharmacist and Nominee is expired

AFFIDAVIT

**Affidavit for GAP On Rs.20/- Non-Judicial Bond Paper of
Karnataka Attested by Notary**

**To claim the benefits by Nominee when the
'Enrolment Certificate is lost'**

I Sri / SmtS/o / D/o / W/o

aged.....years residing at

.....do hereby solemnly affirm and state as under:

1. That Sri / Smt.....was the Registered Pharmacist with a Registration Certificate No..... dated.....issued by the Karnataka State Pharmacy Council, Bangalore and Enrolment Certificate No. dated.....issued by the Karnataka Pharmacy Council Registered Pharmacists Welfare Trust, Bangalore.
2. That Sri / Smt had named me as nominee while enrolling his name in the said Trust.
3. Now that Sri / Smthas expired (vide Death certificate No..... dtd.....) and that the Enrolment Certificate issued by the said Trust is lost and is untraceable. (Vide police complaint / FIR No. dated given by Nominee is enclosed)
4. I swear that the information furnished above are true and correct to the best of my knowledge and that I am submitting this affidavit to claim the benefits from the Karnataka Pharmacy Council Registered Pharmacists Welfare Trust, Bangalore, as a nominee.

Witness

.....

Signature

Name:

Date:

Address:

.....

Deponent.

AFFIDAVIT

Format of Affidavit for GAP On Rs.20/- Non-Judicial Bond Paper of Karnataka Attested by Notary

To claim the benefits by nominee when the 'KSPC Certificate is lost'

I Sri / SmtS/o / D/o / W/o

aged.....years residing at

.....do hereby solemnly affirm and state as under:

1. That Sri / Smt..... was the Registered Pharmacist with a Registration Certificate No..... dated.....issued by the Karnataka State Pharmacy Council, Bangalore and Enrolment Certificate No..... dated..... issued by the Karnataka Pharmacy Council Registered Pharmacists Welfare Trust, Bangalore.
2. That Sri / Smt had named as nominee while enrolling his name in the said Trust.
3. Now that Sri / Smthas expired (vide Death certificate No..... dtd.....) and that the KSPC Certificate issued to Sri / Smtby the Karnataka State Pharmacy Council, Bangalore is found lost and is untraceable. (Vide police complaint / FIR No. dated given by Nominee is enclosed)
4. I swear that the information furnished above are true and correct to the best of my knowledge and that I am submitting this affidavit to claim the benefits from the Karnataka Pharmacy Council Registered Pharmacists Welfare Trust, Bangalore, as a nominee.

Witness

.....

Signature

Name:

Date:

Address:

.....

Deponent.

**Format of Indemnity Bond to be typed on Rs.100/- Non-Judicial
Bond Paper attested by Notary for Death Claims by the Legal Heirs of
the Registered Pharmacists in case Registered Pharmacists and
Nominee has Expired**

INDEMNITY BOND

This Indemnity Bond is executed on this ____ day of ____ (month) of ____ (year) at ____ (place).

I, Mr./Ms. _____, father/mother/son/wife/daughter of Mr. _____, is/ are/ legal heirs of the deceased _____ who was enrolled in the KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACISTS' WELFARE TRUST (in short TRUST) bearing No. _____.

Now I/we made application for getting the death claim amount as per the nomination made by deceased _____, who died on _____ to above trust. I /we represent on behalf of the other family member/s/minor children/s to the trust.

I /we produce all the relevant documents with pertaining to my/our family for getting the amount from trust.

NOW THEREFORE this Deed witnesses and it is agreed to and undertaken by me/by us to safeguard the interests of the Trust and to keep trust harmless against any claim or demand made or proceedings initiated by any one claiming under the deceased Sri/Smt _____ against the trust in respect of monetary benefit of the Trust given to the legal heir/Indemnifier herein, on which the trust in the event of the any claim, damages, interest or, cost thereof will be bear and solve by the Indemnifier on his/her /their costs.

I /we are not suppressed any information to the trust which is within our knowledge and information and documents produced by me/us.

IN WITNESS WHEREOF this Deed has been executed at _____ by the aforesaid, in the presence of witnesses.

INDEMNIFIER

Witnesses:

1.

2.