



**Application No. :**

**Death Relief Fund**

# The Hebbbar Sreevaishnava Sabha®

No.22, Seshadri Road, Bangalore-560009 Tel-080-48528222/8217544776

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## Application Form for The Death Relief Fund

01	Name of the deceased Member.	
02	Date of Death.	
03	Membership Number.	
04	Name of the Upasabha.	
05	Nominee Name, Address and Relation Telephone/Mobile No.	
06	Bank Account Details of the Nominee.	Bank Name.
		Account No.
		IFSC Code.
07	Original Death Certificate to be enclosed	
08	Original Membership ID card to be enclosed.	

I request you to accept the Application Form for the Death Relief Fund and release the Death Relief Fund from The Hebbbar Sreevaishnava Sabha.

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

### For Upasabha Office Use

The Details furnished in the above said Application Form are correct and forwarded to the Head Office for further Processing.

Pr	Sec	Tr	EC	EC	EC	EC	EC	EC	CC	CC

Upasabha Seal

Date: \_\_\_\_\_

### For Head Office Use

The Information furnished in the above Application Form and the documents enclosed as Proof is complete/correct. It will be placed in the OB meeting held on----- for Approval.

Office Staff

Manager.

Approved to release Death Relief Fund.

President	Vice President	Vice President	Secretary	Joint Secretary	Lady Joint Secretary	Treasurer

Note:-

1. The Application should be submitted within 6 months from the Date of Death of the Member.
2. The Death Relief Fund will be given to the Nominee only as mentioned in the Identity card.
3. In case the Identity card is lost, the Applicant should submit a written letter along with a fees of Rs. 500/-.