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NIMA MUTUAL BENEFIT SCHEME

Office : G/2, Mohan Kunj, M.J. Phule Road, Naigaon, Dadar, Mumbai- 400 014
Tel. No. 022-2412 3407 Office Hours : 3.00 pm to 5.00 pm (Sunday Close)

Our Ref. No. NIMA /MBS /

Date :

CLAIM FORM FOR NOMINEE OF DECEASED

Name of Deceased Member Dr. _____

M.B.S. No. _____ State : _____ Branch : _____

Date of Death : _____

Name of Nominee/s: _____

Relationship to Deceased Member : _____

Name & Address of Claimant _____

Town / City : _____ PIN

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 State _____

Phone No.(With STD) : _____ Mobile : _____

Date :

Signature of Claimant

**NB : Death Certificate (Xerox Copy) verified by the Secretary / President Local Branch.
Submitted Through Local Branch Secretary.**

For Office Use

Any Adhoc Payment Made YES / ON

Paid Amount : _____ By Cheque No. _____ Date : _____

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Last Fr. Contribution Paid Yr Till Death Total Fr. Contribution Received

Remark : Regular Member / Defaulter Member - Since Yr.

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Claim Paid Rs. Dt. Cheque No. Bank Name :

Sign. of Chairman

Sign. of Convener

Sign. of Treasurer

(Name : _____)

(Name : _____)

(Name : _____)