

THE CANARA BANK OFFICERS' ASSOCIATION (REGD)
CENTRAL OFFICE: MUMBAI

CBOA - BENEVOLENT FUNDCLAIM FORM

To:
The General Secretary,
Canara Bank Officers' Association,
Central Office, 402-406, Himalaya House,
P.B. No.262, 79,
Mata Ramabai Ambedkar Marg,
Fort, MUMBAI – 400 001

Sir, I am submitting the following claim for your kind consideration.

Name of the deceased Member	
a) Staff Number	
b) Branch / Office	
c) Date of Death (Death Certificate enclosed)	
2. Name of the Claimant	
3. Name of the Nominee	
4. Full Address for correspondence	
5. Relationship of the applicant to the deceased member.	

I hereby declare that Sri / Smt _____ had incurred expenditure towards – Marriage / Medical / Educational / Other Expenditure for himself / herself / dependents - during his / her life time by borrowing from Bank / friends / relatives.

Place

Date:

(SIGNATURE OF THE CLAIMANT)

For Office Use:	
Claim Received on: _____.	Claim Settled on: _____.
Membership No.: _____.	Demand Draft No: _____.
Nomination Regn. No. _____.	Date of DD: _____ . Amount: _____.
Subscription Arrears, if any: _____.CBOA – BF Contribution	Favouring: _____ . Drawn on _____.
Arrears: _____ .Any other Remarks:	Signature & Designation:

RECEIPT

I, _____ Nominee of Late Sri / Smt _____
_____ residing at _____ hereby
acknowledge that I have received from "CBOA - BENEVOLENT FUND" managed by The Canara Bank Officers'
Association, a sum of Rs. _____ /- (Rupees _____ only) by way of PO
/DD No. _____ dated _____ drawn on _____ Branch on account of
death in harness of Sri / Smt _____ (Member of CBOA - Benevolent Fund) and who
was working as _____ in Canara Bank, _____ Branch / Office.

Date

Place:

SIGNATURE