

## Annexure D

### Declaration from Member Bank [on Bank's letterhead]

We hereby confirm that Mr./Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
account number no. \_\_\_\_\_ and was issued a RuPay  
Card bearing no. \_\_\_\_\_.  
Account opening date: \_\_\_\_\_

Card type: [ **PLATINUM / SELECT** ]

A. Details of Card induced transaction qualifying for the RuPay Insurance Program 2024-25.

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

\_\_\_\_\_  
[Copy of entire 30 days Account Statement of cardholder with highlighted qualifying transaction to be attached]

B. Details of Nominee / Legal Heir

Name of Nominee / Legal Heir: \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir: \_\_\_\_\_  
Relation with Cardholder: \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name: \_\_\_\_\_  
Nominee's/ Legal Heir's Account number: \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code: \_\_\_\_\_

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY  
WITH BANK SEAL.

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

---

---

---

---

---

---

D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank :

---

---

---

Name of Official :

---

Contact Number :

Mobile: 

---

Landline: 

---

Email ID of Bank **Branch** :

---

Email ID of Bank **RO/ZO** :

---

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.