



## DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

I/We, \_\_\_\_\_

do hereby acknowledge receipt from **SBI LIFE Insurance Company Limited**, a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. \_\_\_\_\_, covered under this scheme under Bank Account No. \_\_\_\_\_.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revenue  
Stamp

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name: \_\_\_\_\_ Email Id: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Aadhar Number (if available): \_\_\_\_\_

Bank Account No. : \_\_\_\_\_ Branch: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

IFSC Code : \_\_\_\_\_

**{Copy of cancelled cheque to be attached ( if available)}/Copy of Bank Passbook/Statement giving bank account details**

\*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

\_\_\_\_\_  
**(Signature of the Nominee\* /Claimant)**