

SMALL FARMERS WELFARE FUND

DEATH GRANT SCHEME (DGS)

CLAIM FORM

PART 1: (To be completed by the beneficiary/Member)

1.0 Name of deceased Member: _____

2.0 Address of deceased Member: _____

3.0 Tel No.:

3.1 Mobile No.: 5

4.0 Membership No.:

4.1 Date registered: ____/____/____

5.0 Date of death: ____/____/____

5.1 Age of death: _____ years

6.0 Place of death: _____

7.0 Name of Beneficiary: _____

8.0 Address of Beneficiary: _____

9.0 Relationship with deceased Member: _____

I hereby declare that all the information given above is true and correct.

(Signature of Beneficiary/Member)

Date: ____/____/____

PART 2: (To be completed by the SFWF's Officer)

10.0 _____
(Registration Officer)

10.1 _____
(Signature of Registration Officer)

10.2 Date: ____/____/____

I/We certify that the information given above is correct. Beneficiary named above is registered under the Death Grant Scheme.

11.0 _____
(Name of SFWF Officer)

11.1 _____
(Signature of SFWF Officer)

11.2 Date: ____/____/____

11.3 Remark: _____

12.0 Certify by: _____
(Name of Supervising Officer)

12.1 _____
(Signature of Supervising Officer)

12.2 Remark: _____

12.3 Date: ____/____/____

13.0 Approval for payment:

13.1 Approved:

13.2 Not Approved:

13.3 Signature: _____

13.4 Remark: _____

13.4 Date: ____/____/____