



Vasavi Clubs International®

(Regd. No. 800/2008)

AN ISO 9001 : 2015 CERTIFIED SERVICE INSTITUTION



VASAVI KUTUMBA SURAKSHA PADHAKAM CLAIM REQUEST APPLICATION FROM NOMINEE

1. Full Name of the Deceased VKSP Member : _____
2. Member of Vasavi Club : _____
3. Dist. V_____A 4. VKSP ID No. of the Deceased : _____
5. Full Name of the Nominee : _____
6. Relationship with Deceased VKSP Member : _____
7. Date of Birth & Occupation of the Nominee : _____
8. Address of the Nominee : _____

9. Place & Date of demise of VKSP Member : _____
(Death Certificate Original to be enclosed)

I am enclosing the following documents for your perusal.

- (a) Death Certificate of the deceased VKSP Member in **ORIGINAL**
(b) VKSP ID Card **ORIGINAL** with No. _____ issued by Vasavi Clubs International
(c) Address Proof of Nominee Xerox Copy(Aadhar / Ration Card / Passport which includes address)
(d) ID Proof Xerox copy of Nominee
(PAN Card / Bank Official Authorisation / Passport which includes signature)
(e) Photo of Nominee (f) Nominee Bank A/c. Details Xerox Copy
(g) Nominee Request Letter in **ORIGINAL**
(h) Club President Supporting Request Letter in **ORIGINAL**
(i) District Governor Recommendation Letter in **ORIGINAL**

I hereby declare that the above information is true and correct to the best of my knowledge. As I am the nominee of the above referred demised VKSP member, I hereby request the International President, VCI to consider sanctioning the benefits of the VKSP Scheme against the demise, to me for which I will be very much thankful to you.

Date _____

Place _____

Signature of the Claimant(Nominee)

Witnesses:

- (1) Name: Vn. _____, Vasavi Club _____
Mobile No.: _____, Signature: _____
(2) Name: Vn. _____, Vasavi Club _____
Mobile No.: _____, Signature: _____

Note: Please submit this Form completely filled in **ORIGINAL** with all Enclosures