

DVL Welfare Trust - Claim

Name of Nominee :

Address :

Mobile No. :

E-mail address :

Date :

To

Chairman

DVL Welfare Trust

Shreeji Chamber, Brahmpuri

Dandia Bazar,

Vadodara 390 001.

Sub. : Contribution money from DVL Welfare Trust

Respected Sir,

I, undersigned _____ hereby intimate you that my wife/husband _____ passed away on _____ day _____ at _____ place _____ was enrolled with DVL Welfare Trust vide DVL Welfare Trust No. _____. The certificate of membership of DVL Welfare Trust is submitted herewith.

Please do the needful in the matter & oblige

Thanking you

Yours Truly

Nominee Name

Signature

Encl. : Death Certificate

Original Membership Certificate