

Bankers Certificate

Date: ____/____/____

To,

Claims Dept.
SBI Life Insurance Co. Ltd.
Ground Floor,
Turner Morrison Building,
G. N Vaidya Marg, Fort,
Mumbai - 400 023

Dear Sir,

Ref: Group Name: _____

Name of the Deceased Member: _____

This is to certify that the deceased was a member of the above-mentioned Group Insurance Scheme. We certify that the deceased was covered under our scheme, the cover start dated being __/__/__ (date of 1st debit to the customers account), Premium Amount Rs. _____, remitted to you vide cheque/DD No. _____.

We further certify that the insurance cover was last renewed for a Sum Assured of Rs _____ and the last premium of Rs _____ was debited to his Account No _____ on __/__/__ (dd/mm/yy) and was remitted to you by us vide Cheque/Draft No. _____ dated _____.

We also certify that the date of birth of deceased was __/__/__ (dd/mm/yy) as per the documents furnished at the time of joining the Scheme.

Thanking you

Yours sincerely,

Authorized Signature
(For the _____ Group)

Name: _____

Address: _____

