

Place: _____

Date: _____

To
The Secretary,
State Bank Employees' Cooperative
Credit Society Ltd.,
Gunfoundry,
Hyderabad – 500 001

Dear Sir,

Sub: Death Claim: Final Settlement of Associate Member Account.

I, Sri/Smt _____ regret to inform the sad demise of my husband/wife
late Sri/Smt _____ Index No: _____ an Associate Member of State
Bank Employees' Cooperative Credit Society Ltd., expired on dated: _____

Kindly settle the amount payable if any, along with the funeral expenses and credit the
proceeds to my Account No. _____ maintained at _____
Branch.

Enclosures:

- i. Copy of Death Certificate.
- ii. Copy of Aadhar.
- iii. Copy of bank pass book.

Yours faithfully,

(Signature)

Name: Sri/Smt _____

Mobile No. _____

Address: _____

**STATE BANK OF HYDERABAD STAFF ASSOCIATION
WELFARE TRUST**

(Regn. No. 154/2023)

Office : Prabhat Towers, Chapel road, Abids, Hyderabad-500 001

E-mail :sbhsawelfaretrust@gmail.com

FUNERAL EXPENSES TO THE FAMILY OF THE DECEASED MEMBER

As per the provisions of the Trust Deed of the State Bank of Hyderabad Staff Association Welfare Trust, to reimburse the funeral expenses to their members; i.e. employees of the erstwhile State Bank of Hyderabad who continued as the member of the unions / associations affiliated to AIBEA till their retirement from service / death. In this connection, I submit as under :

Name of the Deceased member	
Designation at the time of retirement	
Last working Branch	
Name of the claimant	
Relation with the Deceased member.	
Date of Death	
Date of retirement if retired from the bank service	
Last Pension slip	
Residential Address	
Contact Mobile Number	
Bank Details with Account Number	

Kindly reimburse me the amount of Rs.10,000/- as a funeral expenses. The relevant copy of the death certificate is enclosed.

Place :

Yours faithfully,

Date :

()
CLAIMANT

For Approval

Managing Trustee

Trustee