

AGI Claim Form

(TO BE PREPARED ON A NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE (NOT LESS THAN RS 10/-) AND ATTESTED BY A MAGISTRATE/TEHSILDAR/MUNSIF MAGISTRATE/NOTARY)

AFFIDAVIT

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

I _____, age ___ years, wife/son/daughter/ father/mother/ brother/sister of Army No _____ Rank _____ Name _____ Regt _____, presently residing at Village/Mohalla _____ Post _____ Tehsil _____ District _____, Pin _____ State _____, Mob No _____.

Solemnly affirm, declare, do hereby take an oath :-

1. That _____ (Name of late veteran) had died on _____ due to _____ (cause of death), **death certificate is enclosed in original** (or) attested by ZSB/Class I Gazetted Officer **in case death certificate does not have QR scan code.**

2. That Extended Insurance (EI) certificate No _____ dated _____ for Rs _____ issued to the late veteran is enclosed, in original

(or)

That original Extended Insurance (EI) certificate No _____ dated _____ for Rs _____ issued to the late veteran could not be traced out as the same has been lost beyond recovery. In case the EI certificate is traced later, we will send it by Registered/Speed Post to Army Group Insurance Fund, AGI Bhawan, Rao Tula Ram Marg, Post Bag No 14, PO : Vasant Vihar, New Delhi – 110057.

3. That the death benefits under AGI scheme be paid to me as per **bank details** given below :-

A/c No : _____, Bank Name : _____

Branch Name : _____, IFSC Code No _____

Bank Address : Post _____, Dist _____, State _____

Pin : _____

It is certified that **above account is a saving account and in operative state.** Last transaction was made on _____.

4. **Cancelled cheque/1st page of pass book copy** for the same account as given in Para 3 above is enclosed.

5. That I was married (in case of widow of veteran) to No _____ Rank _____ Name _____ on _____ (Date of Marriage)

(or)

That I _____ (Name of Deponent) am the _____ (Relationship with the deceased) of No _____ Rank _____ Name _____

6. That my correct name is _____ and not _____ as recorded in the service documents of deceased veteran.

7. That the details of all Family members of above deceased veteran are as under :-

- | | <u>Name</u> | <u>Age</u> | <u>Date of death if not alive</u> |
|-----|--|------------|-----------------------------------|
| (a) | Father, Shri _____ | | |
| (b) | Mother, Smt _____ | | |
| (c) | Widow, Smt _____ | | |
| (d) | Children including adopted children :- | | |

- | | <u>Name</u> | <u>Sex</u> | <u>Date of Birth</u> | <u>Date of death
(if not alive)</u> |
|-------|--|------------|----------------------|---|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |
| (iv) | | | | |
| (e) | Details of brother/sister of deceased veteran :- | | | |

- | | <u>Name</u> | <u>Sex</u> | <u>Date of Birth</u> | <u>Date of death
(if not alive)</u> |
|-------|-------------|------------|----------------------|---|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |
| (iv) | | | | |

8. That the first wife of the above deceased, Smt _____ died on _____ (if applicable else delete) and the following children were born from the first wife :-

- | | <u>Name</u> | <u>Sex</u> | <u>Date of Birth</u> | <u>Date of death
if not alive</u> |
|-----|-------------|------------|----------------------|---------------------------------------|
| (a) | | | | |
| (b) | | | | |

9. That Smt _____, first wife of deceased veteran has/had divorced on _____ and the veteran got re-married to Smt _____ on _____ (if applicable else delete).

10. That the children of first wife and second wife are being looked after by _____ (if applicable else delete).

(or)

That _____ (Name of deceased veteran) was not married. He died as a bachelor and is not survived by any wife, divorced wife or children.

11. **That there is no dispute suite or litigation of any nature whatsoever pending between the legal heirs of the above deceased.**

12. That the payment if made will be subject to the clear understanding that I will be liable to share and/or part with proportionate share of any other heir to the said property of the deceased veteran according to law applicable in this behalf.

13. That in case the above declaration is not found to be true at any time in any particulars, I shall be liable to refund the whole amount alongwith interest at the rate of 12% per annum from the date of payment till it is refunded.

DECLARATION

I, the above said Shri/Smt _____

do hereby * solemnly affirm, declare take on oath that contents of this affidavit are true to the best of my knowledge and believed and nothing has been concealed or suppressed.

(Signature of Deponent/Claimant)

VERTIFICATION AND ATTESTATION

Certified that the above statement was declared on _____

*other

* Solemn affirmation

Before me at _____ (Place) on this _____ date of _____ 20____ by _____ (Name of Claimant) who is identified and witnessed by :

Identified By

Signature _____
Name in Block letter _____
Full Postal Address : _____

Witnessed by

Signature _____
Name in Block letter _____
Full Postal Address : _____

(COURT/NOTARY
OFFICE SEAL)

Signature of Magistrate/Tehsildar/Notary

IN CASE PAYMENT MADE TO PERSON(S) OTHER THAN NOMINEE / CONTINGENT NOMINEE THIS AFFIDAVIT TO BE ALSO COUNTERSIGNED BY RAJYA / ZILA SAINIK BOARD, VETERAN CELL / STATION HQ

TO BE COUNTERSIGNED BY

(Concerned Rajya/Zila Sainik Board, Veteran Cell/Stn HQ)