***Annexure 2* BANK CERTIFICATE**

(To be submitted on Bank’s letter head)

*This is to certify that Shri/Smt/Ms. who expired on due to accident (as per the documents submitted by the nominee/ claimant), is a holder of Salary Package Account:*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of the Salary Package Account holder | : |  |
| 2 | Address in full (as per Bank records) | : |  |
| 3 | Date of Accidental Death (as per death certificate) | : |  |
| 4 | Details of Canara Branch where the Salary Package Account is maintained  | : | Br. Name:  |
| Br. Code:  |
|  | Regional Office: |
| 5 | Salary Package Account Number | : |  |
| 6 | Name of Salary Package account ( Defence, Police, Others) | : |  |
| 7 | Type of Salary Package Variant (Silver, Gold, Diamond, Platinum) | : |  |
| 8 | Date of last Salary Credit (Prior to Accident) | : |  |
| 9 | Claim amount under PAI/ Air | : | PAI: AAI:  |
| 10 | Name of the Joint account holder of Salary Account (if available) |  : |  |
| 11 | Contact No of Joint Account holder | : |  |
| 12 | Is nomination available in the Account of the deceased (Yes/No to be mentioned) | : |  |
| 13 | Name of nominee(s), if available  | : |  |
| Contact No of Nominee | : |  |
| 14 | Nominee A/c details ,if available | : |  |

**Details of Bank account and nominee have been furnished only after verifying the same in bank core system.** The undersigned will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc. submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

 For Canara Bank

 Signature and Stamp of Branch Manager :

 Date: Name of the Signing Officer: