



I.M.A. NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad-380 009. (Gujarat)
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CLAIM FORM FOR FRATERNITY CONTRIBUTION

Name of Deceased Member Dr. _____

N.S.S.S. Reg. No. : _____ I.M.A. H.Q. NO. : _____

Name of Local Branch of IMA to which attached _____

Date of Death : _____ Cause of Death : _____

Name of Nominee : _____

Relationship to Deceased Member : _____

Name & Address of Claimant with Phone No. : _____

Phone No. : _____

Mobile No.: _____

Date : _____ Signature of Claimant : _____

DETAILS OF BANK ACCOUNT OF NOMINEE

Name of Nominee (as in bank account) _____

Name of Bank and Branch Name: _____

Bank Account No.: _____

Address of the Branch: _____

Signature of the Nominee: _____

I herewith attest the signature of the person above and details of the account are correct.

Date: _____

Bank Branch Manager

REQUIRED DOCUMENTS LIST FOR CLAIM PROCEDURE

1. Duly filled claim form – filled by nominee
(Download from www.imansss.org)
2. Death Certificate of member.
3. Pass port size photograph of member.
4. Letter from IMA Local Branch Secretary / President.
5. Original IMA NSSS Certificate
6. Aadhar Card & Pan Card of Nominee
7. Aadhar Card of Member