

Place :

Date :

From:

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.....
.....

To:

The Manager,
MMPAR Co-operative Society (R)
-----,Branch – 574 228

Dear Sir / Madam,

Sub : Claim of M.D.R.F. A/C of Sri/Smt.....

Ref : Membership No.

I/We regret to inform you that Smt./Sri.....was expired on
...../...../.....

Please find herewith enclosed Xerox copy of Share Certificate No..... ,I.D.
Card and death certificate belongs to my.....(relationship), for the purposes of the claim.

I/we am/are being the nominee to claim M.D.R.F amount, kindly request you to release the
same, and credit to my/our S.B A/c No... / issue Pay Order.

Please do the needful and oblige.

Thanking you,

Yours Faithfully,

.....
(Signature)

WITNESS:

(Signature, Name & Address)

1)

2)