

<b>BSS MICROFINANCE PRIVATE LIMITED, BENGALURU</b>							
<b>CLAIM FORM - TO RECEIVE MONEY FROM SHOKA NIVARANA NIDHI (SNN)/CLIENT INSURANCE ACCOUNT (CIA) ESCROW ACCOUNT:</b>							
Sl. No.	BSS Microloan Program Drop Out Member (DOM) Details To Be Filled By DOM/Claimant: (Before filling this Claim Form, please read and understand the instructions given in Page - 2 properly)						
1	<b>Drop Out Member Name :</b> (As mentioned in the document issued by BSS)						
2	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>(a) Kredits ID No. :</b> (Member unique identification number given when you were in BSS Microloan Program)</td> <td style="width: 50%;"><b>(b) FO-C-G-M No.:</b> (Member identification number given when you were in BSS Microloan Program)</td> </tr> </table>	<b>(a) Kredits ID No. :</b> (Member unique identification number given when you were in BSS Microloan Program)	<b>(b) FO-C-G-M No.:</b> (Member identification number given when you were in BSS Microloan Program)				
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<b>(b) Drop Out Member Present Full Postal Address :</b> (If it is same as above, please write "same as above")							
5	<b>Member Contact Mobile No. &amp; E-mail Address, If available :</b>						
6	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"><b>(a) Drop Out Member's Date of Birth :</b> (if known)</td> <td style="width: 33%;"><b>(b) Age :</b></td> <td style="width: 33%;"><b>(c) Approximately when were you a member in BSS Microloan Program:</b> (Indicate Years &amp; Months approximately)</td> </tr> </table>	<b>(a) Drop Out Member's Date of Birth :</b> (if known)	<b>(b) Age :</b>	<b>(c) Approximately when were you a member in BSS Microloan Program:</b> (Indicate Years & Months approximately)			
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8	<p><b>In case Drop Out Member is deceased, the Claimant shall furnish all the information listed above, as well as the additional required information listed below:</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>(a) Name of the Claimant:</b></td> <td style="width: 50%;"><b>(b) Relationship with deceased member:</b></td> </tr> <tr> <td><b>(c) Proof of the relationship between the deceased person and the person making a claim on her behalf now:</b> (A copy of which should be enclosed along with this form)</td> <td><b>(d) Whether Death Certificate of member is enclosed?</b> (A copy of Death Certificate should be enclosed along with this form)</td> </tr> <tr> <td colspan="2"><b>(e) Name of Claimant's recent KYC document with photo ID:</b> (A copy of KYC document should be enclosed along with this form)</td> </tr> </table>	<b>(a) Name of the Claimant:</b>	<b>(b) Relationship with deceased member:</b>	<b>(c) Proof of the relationship between the deceased person and the person making a claim on her behalf now:</b> (A copy of which should be enclosed along with this form)	<b>(d) Whether Death Certificate of member is enclosed?</b> (A copy of Death Certificate should be enclosed along with this form)	<b>(e) Name of Claimant's recent KYC document with photo ID:</b> (A copy of KYC document should be enclosed along with this form)	
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<b>(e) Name of Claimant's recent KYC document with photo ID:</b> (A copy of KYC document should be enclosed along with this form)							
<p><b>Declaration:</b> I hereby declare that all the information given above is true, and further declare that I/our family member have been a member of BSS Microloan Program (under Bharatha Swamukti Samsthe and/or BSS Microfinance Private Limited) prior to 30th September 2011, and to the best of my knowledge and belief, I/our family member have contributed to Shoka Nivarana Nidhi and/or Client Insurance Account prior to 30th September 2011.</p>							
<b>Drop Out Member/Claimant Name :</b> _____ <b>Sign. / Thumb Impression:</b> _____ <b>Date :</b> _____							
<b>FOR BSS FIELD OFFICE USE ONLY</b>							
The below information should be filled by Field Office Manager							
1	<b>Whether Claim Form and related documents are verified?</b>						
2	<b>After verification, whether claimant is eligible to receive SNN / CIA amount?</b>						
3	<b>If Claimant is not eligible, reason :</b>						
4	<b>Field Office Manager Name :</b> _____ <b>Sign. &amp; Date :</b> _____						

**Note :** This BSS NBFC document is in English and in other languages, and if there are differences in interpretation, English version prevails.

**Instructions for filling the claim form, to receive money from SNN/ CIA Escrow Account.**

**The Claimant should compulsorily read and understand the instructions given below and follow accordingly:**

1. Claimant should compulsorily fill all the information asked in the claim form.
2. Those who were members of BSS Microloan Program prior to 30-09-2011 and had contributed money towards Shoka Nivarana Nidhi (SNN)/Client Insurance Account (CIA) arranged by Bharatha Swamukti Samsthe or BSS Microfinance Private Limited ("BSS") and who have subsequently left BSS Microloan Program are only eligible to submit this claim form.
3. Members who have contributed money as above can submit the Claim Form along with related documents, and they are eligible to claim their share of the amount from SNN Fund / CIA Escrow Account [up to Rs.77/- (Rupees Seventy Seven)], subject to due verification of documents.
4. (a) Copy of any one of the documents is needed to prove that she was a member of BSS Microloan Program prior to 30<sup>th</sup> September 2011 and had contributed towards Shoka Nivarana Nidhi (SNN)/Client Insurance Account (CIA) (Eg: Loan Repayment Passbook Card or any other document having their identification information and Kredits ID no.), and  
(b) a copy of recent KYC document with drop out member photo ID ( Eg: Voter ID card/ Aadhaar Card, etc) to be enclosed. Identification information in documents (a) and (b) should match.
5. In case eligible dropout member is deceased, if husband/ next of kin make a claim on behalf of her, then they have to also submit documents indicated below along with the documents mentioned above.  
(a) Photocopy of member death certificate (b) Photocopy of document confirming relationship of claimant who is submitting the claim  
(c) Photocopy of Claimant's recent KYC document with photo ID who is submitting claim on behalf of deceased member.
6. BSS organization has not given Kredits ID number to members who were dropped out from the program prior to 1st March 2006. Hence, while filling the claim form, such members have to write "**Not Applicable**" where Kredits ID no. is asked.
7. Drop Out members/ claimants should keep a good quality photocopy (Xerox) of filled claim form with them for their information. After that, they should enclose and submit the photocopies (Xerox) of other required documents along with the filled original claim form. Information in the photocopies (Xerox) of enclosed documents should be legible and clearly readable.
8. Drop Out members/ claimants should keep all the original documents of which they have enclosed photocopies (Xerox) along with the filled claim form, and on the day of receiving the eligible amount from SNN/ CIA Escrow account, they should compulsorily show those original documents to the Field Office Manager.
9. Drop Out members/ claimants should submit the filled claim form and other related documents to concerned field office / to the nearby field office as first preference. In case, member is not aware about the field office address, then it can be submitted by post / courier to Head Office address given below.  
**SNN/ CIA Escrow Claim Desk, BSS Microfinance Private Limited, No. 11, 2nd Block, 2nd Stage ,  
Outer Ring Road, Near BDA Complex, Nagarabhavi Layout, Bengaluru-560072.  
Tel: +91-8105273422, Fax: (91) – 80 – 2318 8349,  
E- Mail ID: [snn-cia-escrowclaim@bssmicrofinance.co.in](mailto:snn-cia-escrowclaim@bssmicrofinance.co.in). Website: [www.bssmicrofinance.co.in](http://www.bssmicrofinance.co.in)**
10. Claim form and other required documents can be submitted by visiting field office from Monday to Friday, in the afternoon between 12.00 noon to 3.00pm, as at the time of this printing. Timings may change in future.
11. If claimants submitted the filled claim form and other required documents directly to the head office, such documents will be sent to concerned field office / to the nearby field office.
12. To consider eligible amount for disbursement, the claim form and other related documents submitted by claimant will be verified, the claimant will be informed within 30 days from the date of receiving the claim form as to whether documents are satisfactory or not satisfactory.
13. The filled claim form and other related documents which are submitted by the claimant **will not be returned by the Organization.**
14. Claimants are requested to please understand that the amount can be disbursed from the SNN / CIA Escrow Account only if the claim information and supporting documents are satisfactory for the purpose. The organization has to always work within what the law will allow. BSS organization does not have the freedom to release any money from SNN / CIA Escrow Account if the claim information and supporting documents are not satisfactory. To do so, would be a violation of applicable regulations. Therefore, please understand this, and co-operate with the Organization by providing complete information and related documents. We thank you very much for your kind understanding in this regard.

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