



THE NEW INDIA ASSURANCE COMPANY LIMITED
CLAIMS-HUB, MUMBAI REGIONAL OFFICE -I
12th Floor, New India Centre, 17/A, Cooperage Road, Mumbai – 400 039.
Ph: 022-24620377, Fax: 022-22045100, email: ch11@newindia.co.in

ASSIGNEE VERIFICATION FORM

Name of the Accountholder/deceased: _____

Assignee's Relation with deceased: _____

(Assignee as per the Nominee detail in Bank)

Name of the Assignee: _____

Present Address: _____

Permanent Address: _____

Date of Birth: _____ **Sex: M / F:** _____

Proof of Address (please attach copy of any one of the following)

☐ **Driving License** ☐ **Passport** ☐ **Ration Card** ☐ **Verification of Address and Signature**
on Assignee's Bank letterhead

I/ We hereby confirm that the information provided by me / us is correct.

Signature of the Assignee

Place:

Date:

Please affix
passport size
photograph of
the assignee

Signature of Branch Head of Axis Branch

Name in full:

S S No-

Designation: