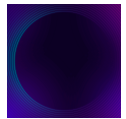


New Hope - Ex-gratia Application Form

(Applicable only after the death of a member to be filed by Nominee)

1. Name of the Applicant (or) Nominee of the deceased : **TESTING**
2. Applicant's Address : **6-453, MONDAY MARKET**
3. Ex - gratia claimed on behalf of Mr/Mrs : **RAVI**
4. New Hope membership Number of the deceased person : **4**
5. Year of Joining of the deceased in New hope project : **2025**
6. Date of Death : **2000-05-28**
7. Reason of Death : Aged & natural death / Sickness / Accident / Martyrdom / Any other
8. If accident death, date of accident : **2025-06-04**
9. Has the deceased got any Insurance Policy in Government / Private sector ? Yes / No
10. Is the applicant, the Nominee of the deceased : Yes / No :
11. Relationship of the Nominee to the deceased : Wife / Son / Daughter / Mother / Father :
12. Account Number of the Nominee : SB / CA **90876543212**
13. Bank Name : **STATE BANK** Branch **KARUNGAL** IFSC No: **8908**
14. Name and address of the Introducer of the Nominee : (Introducer must be a member of new hope) **6-453, MONDAY MARKET**
15. Introducer's membership Number in New Hope **23**
16. Attachment :
 1. Death Certificate from Government agency
 2. Membership Identity card of New Hope Project
 3. Recommendation and Introductory letter from a New Hope member for the Nominee
 4. Nominee's passbook copy - front page with photo.

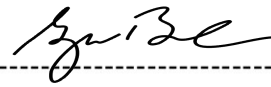


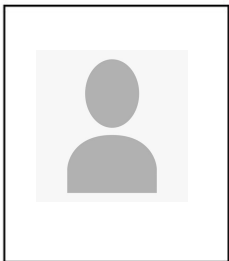
Declaration

I, hereby declare that the above information given by me is true to the best of my knowledge. If there is any falsehood, I promise to return the ex gratia amount to New Hope. I understand the cessation of the New Hope membership of the person on behalf of him / her.

Place **KARUMAVILAI**

Date:


(Applicant's Signature)



Nominee's Photo Attested by a contributor member of New Hope

Attester's membership Number in New Hope : **34**

Attester's Name : **KUMAR** Signature : 

(Note : Providing falsehood would results in confiscation of attester's future benefits from New Hope)

For Official use

Sanctioned Rs : **7999**

Approved on : Office seal: 

Rs. In words : **TEN THOUSAND**



Signature of Director



Signature of Secretary



Signature of Treasurer