



वेस्टर्न इन्डिया फ़िल्म एंड टीवी प्रोड्यूसर्स एसोसिएशन WESTERN INDIA FILM & TV PRODUCERS' ASSOCIATION

(Regd. Under : Society Act, 1860 / No. Bomb 38 - 1961, Public Trust Act 1950 / No. F-1094 Bomb 1963)
Members : FILM FEDERATION OF INDIA • CHAMPP • FILM MAKERS COMBINE • FICCI

206/207, Richa Building, 2nd Floor, Plot No. B-29, Opp. City Mall, New Link Road, Andheri (West), Mumbai- 400 053.
Tel: 022 26732960 / 26742174 • M: +91 88504 96488 • Web: www.wifpa.net • Email: wifpa_2006@yahoo.co.in / wifpa1960@gmail.com

ACCIDENTAL DEATH INSURANCE CLAIM FORM

Form No:- _____ Dt. _____

1. NAME OF APPLICANT: _____

2. NAME OF COMPANY: _____

3. NATURE OF COMPANY: PROPRIETORSHIP ☐ PARTNERSHIP ☐ PVT. LTD ☐

4. MEMBERSHIP NO. _____ DATE OF ENROLL _____ DUES PAID UPTO _____

5. ADDRESS (as mentioned on WIFPA's ID): _____

6. Native Place Address: _____

7. CONTACT NOS.: Mob. No. _____ E mail Id: _____

8. DATE OF BIRTH: _____ AGE: _____ PAN Card No. _____ Aadhaar Card No. _____

Photo

Signature of Applicant _____

NOMINATION FORM (Only for Blood Relations)

1st Nominee

Name: _____

Address: _____

Relationship _____ Age _____ Mobile No. _____

PAN Card No.: _____ Aadhaar Card No.: _____

Photo of
1st
Nominee

Signature of Nominee: _____

2nd Nominee

Name: _____

Address: _____

Relationship _____ Age _____ Mobile No. _____

PAN Card No.: _____ Aadhaar Card No.: _____

Photo of
2nd
Nominee

Signature of Nominee: _____

Remark of the Executive Committee : Approved ☐ / Rejected ☐: _____

Chairman's Sign _____ Convenor's Sign: _____

Note: Policy shall be applicable subject to validity of Membership Card