

SAINIK WELFARE ORGANISATION-INDIA

409, Block-C, Veer Awas, Sector-18A, Dwarka, New Delhi-110078

Refund Cheque No:	 Date:	
(For use by SWO-INDIA)		

REFUND FORM FOR LDS REGISTRATION

(Form to be filled in BLOCK CAPITAL letters only)	
DS Registration No	
tation for which registered Scheme No L -	
ersonal Particulars	
. Name Rank	
. Father/Husband's Name	
. Correspondance Address	\top
. Mobile No. 1 Mobile No. 2	
. Account Number 6. Branch code	
. Bank Name & Branch	
Peclaration 3. I, voluntarily wish to withdraw from the above mentioned scheme and wish to cancel my LDS Registrat b. That I have no objection in case my refund amount is credited directly to my above mentioned account No.	
Signatures of Applicant) Date	
PRE-SIGNED RECEIPT	
(Details to be filled up by accounts section SWO-INDIA)	
Received a sum of Rs10,000/- (Rupees Ten Thousand	_ Only)
om the Sainik Welfare Organization-India as refund of money on A/c of cancellation of my LDS region to the Scheme, vide crossed Amount Payee Cheque No.	
oated of(Ban	k).
Signatures of Applicant) Date	