

**DRAFT LETTER FOR DEPOSITION OF ECHS CARD**  
**(To be sent to parent polyclinic)**

From  
Name Address, Mobile No. Email ID  
Date

To,

\_\_\_\_\_  
O/C, ECHS Polyclinic  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT: DEPOSITION OF ECHS CARD**

Dear Sir,

1. Reference PPO No. \_\_\_\_\_ (photocopy enclosed).
2. I regret to inform you that my husband/ father, \_\_\_\_\_ has expired on \_\_\_\_\_ at \_\_\_\_\_ due to \_\_\_\_\_.
3. ECHS Card in respect of \_\_\_\_\_ bearing Ser No. \_\_\_\_\_ alongwith a copy of death Cert is fwd herewith for you further necessary action.

Yours sincerely,

Signature of NOK  
Name \_\_\_\_\_  
Relation \_\_\_\_\_

Date:

**Encl:** As above