

EMPLOYEES PROVIDENT FUND ORGANISATION THE EMPLOYEES DEPOSIT LINKED INSURANCE SCHEME, 2000

(To be filled up separately by each claimant. In case the claimant is minor, it should be filled up by the Guardian on his/her behalf. Where there are more than one minor, the guardian should claim in one Form on their behalf).

Particulars of the Deceased Member :—

(a)	Name	
(b)	Father's name (or husband's name in case of married woman)	
(c)	Date of death	
(d)	Last employed in— Name of factory/establishment	
(e)	Code No. & Account No. in P. F.	

Details of the Claimant :—

Name of the Claimant/Guardian	Age & year of both	Relation with deceased	If the claimant is a guardian of the minor nominee/heir	
			Name of the minor	Relation of the guardian with minor

Full postal address of the claimant/guardian (in block letters).....

Mode of remittance (put a tick)

By Account Payee Cheque, send direct for credit to my A/c No.....

Scheduled Bank, Cooperative Bank, Post Office.....

Name of the Bank	Branch	Bank Account No.	Full address of the Branch

By postal money order at own cost.....

By deposit in payee's name of the whole or part of the amount in the form of Annuity Term Deposit Scheme in any Nationalized Bank :

Name of the Bank	Branch	Bank Account No.	Full address of the Branch

Through the employer.....

Date :

Signature/left hand thumb
impression of the claimant

(ADVANCE STAMPED RECEIPT)

Received a sum of Rs..... (Rupees..... only)

from Regional Provident Fund Commissioner/Office-in-charge of Sub-Regional Office..... towards
the Employees Deposit Linked Insurance benefit.

The space
be filled in by
Commissioner

Affix 50 paise
Revenue Stamp

Signature/left hand thumb
impression of the claimant

1. Certified that the claimant signed/thumb impressed before me and the particulars as furnished are true to the best of my knowledge.
2. Certified that the member died on..... while in service
3. Certified that the Provident Fund accumulations of the deceased employee Late Shri/Smt.....
..... A/c No.
were paid to Shri/Kumari.....

(The employer of exempted establishment shall send an attested copy of the nomination of the deceased employees)

Balance in Provident Fund at the end of the month, proceeding the 12 months immediately, preceding the death of the member.
(Nomination of the deceased employees).

S. No.	Both shares of contributions	Refund of withdrawals	Interest	Withdrawals	Progressive Balance
1	2	3	4	5	6

Total of 12 Months Provident Fund balance

Rs. _____

Average Balance

Rs. _____

Enclosures

Signature of the employer or any
Authorized Officer
(Name & Designation with official seal)

Dated :

Should not applicable, —

- (a) In case the death of the member occurred before 01-03-1990, the average balance of 36 months should be worked out in the above form on a separate sheet which should be enclosed.
- (b) The employer of unexempted establishments should fill in the columns 2 & 3 only and the employer of exempted establishments should fill in all the columns on due basis.
- (c) The employer of exempted establishment should ensure that information furnished under columns 2-6 above and also other particulars given in this application form are correct. In case of any excess payment resulting on account of any error of mistake in the information furnished in this application form, the same will be recovered from the employer.

(For the use of Commissioner's Office)
 Entered in Form 21-A/9 (Revise/1-(IF)/Withdrawal Register

Clerk

Head Clerk

Received Rs. _____

Account No. _____

Section _____

Passed for payment of Rs. _____

(Rupees _____)

The amount may be remitted _____ in

credit to Sh./Smt./Kumari _____ maintained.

_____ (Bank)

Space should be filled in
Sl. No. 4 of this form

Assistant Accounts Officer/
 Accounts Officer/
 Assistant Commissioner/
 Dy P. F. Commissioner.

Date

Checked by inclusion in Cheque No. _____

Cashier

Head Clerk

APFC/RPFC