Form of application for Final Payment of Balances in the Provident Fund Account of a SUBSCRIBER to be used by the nominees or any other claimants where no nomination subsists

То								
	The Director Accounts & Tr	reasuries,						
	(Through the Head of Offic	e)						
Sir	,							
	It is requested that arrange	ements may kindly be mad	e for the payment of the					
aco	cumulations in the	Pro	vident fund Account of					
Sh	ri/Smti		The necessary particulars					
rec	quired in this connection are give	n below-						
1.	Name of the Government servar	nt :-						
2.	Date of birth	:-						
3.	Post held by the Government se	rvant :-						
4.	Date of death	:-						
5.	Proof of death in the form of a cissued by the municipal authorit							
6.	Provident Fund Account No. allotted to the subscriber. :-							
7.	Amount of Provident Fund mon of the subscriber at a the time of	•						
8.	Details of the nominees alive on the date of death of the subscriber, if a nomination subsists:							
	Name of the nominee	Relationship with the subscriber	Share of the nominee					
	1							
	2							
	3							
	4							
9.	In case the nomination is in favour of a person							
	other than a member of the family, the details							
	of the family, if the subscriber s	ubsequently acquired a fam	ily:					
	Name	Relationship with the subscriber	Age on the date of death					
	1							
	2							
	3							
	4							

10. In case no nomination subsists,		•								
	the date of death of the subscriber. In the case of a daughter or of a daughter of a									
deceased son of the subscriber,	deceased son of the subscriber, married before the death of the subscriber, it should									
be stated against her name wheth	be stated against her name whether her husband was alive on the date of death of the									
subscriber:	subscriber:									
Name	Relationship with the subscriber	Age on the date of death								
1										
2										
3										
11. In the case of amount due to min	or child whose									
mother (widow of subscriber) is	s not a Hindu,									
the claim should be supported by Indemnity										
Bond or Guardianship certificate	, as the case may be :-									
12. If the subscriber has left no famil	ly and no nomination									
subsists, the names of persons to	whom the Provident									
Fund money is payable (to be su	ipported by letter of									
probate or succession certificate, etc.)										
probate or succession certificate,	etc.)									
probate or succession certificate, Name	Relationship with	Address								
	,	Address								
Name	Relationship with the subscriber	Address								
Name 1	Relationship with the subscriber									
Name 1	Relationship with the subscriber									
Name 1	Relationship with the subscriber									
Name 1	Relationship with the subscriber									
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Name 1	Relationship with the subscriber :- the office of									

Station.....

Dated.....

Yours faithfully,

(Signature of claimant)

(Full name and address)

^{1.} This applies only when payment is not desired through the Head of Office.

(FOR USE OF HEAD OF OFFICE/DEPARTMENT)

	Forwar	rded to the	e Accountai	nt- General			for	neces	sary
action.	The pa	rticulars f	urnished ab	ove have bee	n duly verif	fied.			
2.	The	Provider	nt Fund	Account	No				of
	Shri/Sı	mti/Kuma	ri			(as verific	ed from t	he an	nual
	statem	ents furnis	shed to him	/her) is					
1.	He/She	e dies on			A de	eath certifi	cate issu	ed by	the
	Munic	ipal autho	rities has b	een produced	is not requ	ired in this	case as t	here i	s no
	doubt	about his/l	ner death.						
2.	The 1	ast fund	deduction	n was made	e from hi	is/her pay	for th	ne mo	onth
	of			Drawn in	this Office	e Bill No)		· · · · · · ,
	dated,for Rs(Rupees								
	ofTreasury, the amount of deduction being								
	Rs and recovery, on account of refund of advance								
	of Rs	• • • • • • • • • • • • • • • • • • • •							
3.	Certified that he/she was neither sanctioned any temporary advance nor any final							nal	
	withdrawal from his/her/Provident Fund Account during the 12 months								
	immediately preceding the date of his/her death.								
				Or					
	Certifi	ed that	the follow	wing tempor	ary advan	ces/final	withdraw	als v	vere
sanctio	ned to	him/her	and drawi	n from his/he	er Provider	nt Fund A	ccount d	luring	the
12 moi	nths imi	mediately	preceding t	the date of his	/her death.				
	Amou	nt		Date and post of encashing	-	Vo	ucher nu	mber	
1								• • • • • • •	
4. *	* * *								
	t is certi ecovery	ified that		emand Following dem		overnment	is/are	due	for
6. (Certified	l that no a	dvance/ fol	lowing advan	ce sanction				

(Signature of the Head of Office/Department)

NOTE- Certificate No.7 to be furnished in the case of CPF only.

1965, is due for recovery.