

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.

To,

The Pay & Accounts Officer,  
Department of Revenue,  
Church Road, New Delhi.  
(Through the Head of Office.)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the General Provident Fund Account of Shri/Smt. .... The necessary particulars required in this connection are given below :

1. Name of the Government Servant.
2. Date of Birth.
3. Post held by the Govt. Servant.
4. Date of death.
5. Proof of death in the form of a Death Certificate issued by the Municipal Authorities etc., if available.
6. Provident Fund Account No. allotted to the subscriber.
7. Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known.
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 subsequently acquired a family.

Name	Relationship with the subscriber	Age on the date of death
------	----------------------------------	--------------------------

- 1.
- 2.
- 3.
- 4.

10. In case no nomination subsists, the details of the surviving member of the family on the date of death of the subscriber. In the case of a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

Name	Relationship with the subscriber	Age on the date of death
------	----------------------------------	--------------------------

- 1.
- 2.
- 3.

11. In the case of amount due to a minor child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by Indemnity Bond of Guardianship Certificate, as the case may be.

12. If the subscriber has left no family and no nominating subsists the names of persons to whom the Provident Fund money is payable (to be supported by letters of probate or succession certificate etc.)

Name	Relationship with the subscriber	Address
------	----------------------------------	---------

- 1.
- 2.
- 3.

13. Religion of the Claimant (s)

14. The payment is desired through the Office of Department of Revenue/through the .....Treasury/Sub-Treasury. In this connection the following documents duly attested by a Gazetted Officer in service/Magistrate are attached.

- i) Personal marks of identification.
- ii) Left/Right hand thumb and finger impressions (in the case of illiterate claimants.)
- iii) Specimen signatures in duplicate (in case of literate claimants.)

Yours faithfully

(Signature of Claimant)

Station.....

Dated.....

(FULL NAME AND ADDRESS)

FOOT NOTE : This applies only when payment is not desired through the Head Office.

(FOR USE OF HEAD OF OFFICE/DEPARTMENT)

Forwarded to the Accountant General .....  
for necessary action. The particulars furnished above have been  
duly verified.

2. The Provident Fund Account No..... of  
Shri/Smt/Kumari..... from the annual  
statements furnished to him/her is .....

3. He/She died on..... Death certificate  
issued by the Municipal authorities has been produced/is not  
required in this case as there is no doubt about his/her death.

4. The last fund deduction was made from his/her pay for the  
month of..... drawn in this office Bill  
No.....dated.....for Rs.....  
(Rupees ..... ) Cash Voucher  
No.....of.....Treasury, the amount  
of deduction being Rs.....and recovery on account of  
refund of advance Rs .....

5. Certified that he/she was neither sanctioned any temporary  
advance nor any final withdrawal from his/her Provident Fund  
Account during the 12 months immediately preceding the date of  
his/her death.

O R

Certified that the following temporary advances/final with-  
drawals were sanctioned to him/her and drawn from his/her provi-  
dent fund account during the 12 months immediately preceding the  
date of his/her death.

Amount of advances/ Withdrawal.	Date and place of encashment.	Voucher No.
-----	-----	-----
1.		
2.		

6. Certified that no amount was withdrawn/ the following amounts were withdrawn from his/her provident fund account during the 12 months immediately preceding the date of his/her death for payment of insurance premia or for the purchase of a new policy.

Policy No. and Name of the Company.	Amount	Date	Voucher No.
--	--------	------	-------------

-----  
1.

2.

3.

7. It is certified that no demands of Government are due for recovery.

8. It is certified that no advance/following advance sanctioned in terms of the ministry of Finance Office Memorandum No. 10(3) -EV(A)/65 dated the 1st November, 1965 is due for recovery.

(Signature of the Head of Office/  
Department)

NOTE : Certificate No. 7 to be furnished in the case of  
G.P.F. only.....