

FORM – C

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE
GENERAL PROVIDENT FUND ACCOUNT OF A SUBSCRIBER TO BE USED BY
THE **NOMINEES** OF ANY OTHER CLAIMANTS WHERE NO NOMINATION
SUBSISTS:**

To

// THROUGH THE HEAD OF OFFICE //

Sir,

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

1. Name of the Employee :
2. Date of Birth :
3. Post held by the Employee :
4. Date of death :
5. Proof of death in the form of a death Certificate issued by the Municipal Authorities etc :
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 :
8. Details of the Nominees alive on the date of death of the subscriber if a Nomination subsists :

	Name of the Nominee	Relation – ship 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 of the Nominee	Relationship with the subscriber	Share of the nominee
1.			
2.			
3.			

10. In case no nomination subsists, the details of the surviving members of the Family on the date of death of the subscriber. In the case of daughter or of 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 of the nominee	Relationship with the subscriber	Share of the nominee
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, or Guardianship Certificate as the case may be.

12. If the Subscriber has left no family and no nomination subsists, the name of persons to whom the Provident Fund one is payable (to be supported by the letters of probate or succession certificate etc.)

Sl. No.	Name	Relation with the subscriber	Address
1.			
2.			
3.			
4.			

13. Religion of the Claimant (S).

14. The payment is desired through my office. In this connection the following documents duly attested by a Class I Class II of board Employee in service.

i). Personal marks of identification.

ii). Left / Right thumb and finger impression (in the case of Illiterate claimants)

Little Finger	Ring Finger	Middle Finger	Pointing Finger	Thumb Finger

iii). Specimen signatures in duplicate (in the case of literate claimants)

Station:
Dae:

Yours faithfully,

Signature of Claimants
(Full name & Address)

(TO USE OF HEAD OFFICE / DEPARTMENT)

Forwarded to the Head office for necessary action. The particulars furnished above have been duly verified.

1. The General Provident Fund Account No. _____ of Sri / Smt / Kumari _____ (as verified from the Annual Statement furnished to him / her is _____.
2. He / She died on _____ a 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.
3. The last Fund deduction was made from his / her pay for the month _____ drawn in the Office Bill No. _____ date _____ for _____ Rs. _____ (Rupees _____) cash Voucher No. _____ of _____ (and recovery on account of refund of advance Rs. _____
4. Certificate that he/she was neither sanctioned any temporary advance nor any part final withdrawal from his/her Provident Fund A/C during the 12 months immediately preceding the date of his / her death.
5. Certified that the following temporary advances part final withdrawal were sanctioned to him / her and drawn from his / her Provident Fund Account / during the 12 months immediately preceding the date of his / her death.

Amount of Advance / part
Final withdrawal

Date and place
of encashment

Voucher No.
Cheque 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 premier or for the purchase of a new policy.

Name of the
Insurance company

Relationship with
the subscriber

Share of the
Nominee

- 1.
- 2.

7. It is certified that no advance / following advance / is /are sanctioned in terms of A.P.S.E. Board General Provident Fund Regulations.

Signature of the Head of
Office / Department.

UNDER TAIKING

I, _____ W/o late Sri/Smt _____
due to death on _____ do hereby agree if any excess payment is
made consequent on pay fixation from time to time or G.P.F etc., the same may be
recovered from my Terminal benefits.

Signature of Nominee

SPECIMEN SIGNATURES

Specimen signatures of nominee Sri / Smt. _____ W/o late
Sri/Smt _____ due to death retire on date _____

- 1.
- 2.
- 3.

Attested by

Enclosures:

- 1.Application in quadruplicate
- 2.Undertaking.
3. Specimen Signatures duly attested by controlling officer
- 4.Statement of accumulation duly signed by drawing officer .
- 5.Latest GPF Original Slip.
- 6.Death Certificate.
- 7.Legal heir Certificate.

FORM-B

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE
EASTERN POWER DISTRIBUTION COMPANY OF AP LTD.,
PROVIDENT FUND ACCOUNTS
(EMPLOYEES OF CLASS – III AND SERVICES)**

To

_____,
_____,
_____.

“THROUGH PROPER CHANNEL”

Sir,

I am due to retire/ have retired / have proceeded on leave preparatory to retirement for _____ months have been discharged / dismissed / compulsorily retired / invalided have resigned finally from Board service and my resignation has been accepted with effect from _____ Forenoon / Afternoon.

2. My Provident Fund Account No. is _____ I desire to receive payment through my office.
3. The under mentioned file insurance policies financed by me from my Provident Fund Account may kindly be released

	Policy	Name of the Co.	Sum Assured
1.			
2.			
3.			
4.			

Station :
Date:

Yours faithfully,

Name and Address:

(For use by Heads of Office)

1. Forwarded to the _____ for necessary action,
2. Provident Fund Account No. _____ of Sri / Smt / Kumari _____ as verified from the Statements furnished to him / her from year to year) is _____.
3. He / She has finally retired / will retire / has proceeded on leave preparatory to retirement for _____ months / has been discharged / dismissed / compulsorily retired / invalided / has resigned finally from Board's Service and his / her resignation has been accepted with effect from _____ Forenoon / Afternoon.
4. The last fund deduction was made from his/her pay in this office bill No. _____ dated _____ for Rs. _____ (Rupees _____ only) Cash Voucher No. _____ of _____ 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 quitting service / proceeding on leave preparatory to retirement thereafter.

OR

Certified that the following temporary advances / final withdrawals were sanctioned to him / her and drawn from his / her provident fund account during the 12 months immediately preceding the date of his / her quitting service / proceeding on leave preparatory to retirement or thereafter.

Amount of advance / withdrawal _____ Date _____ 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 proceeding the date of his / her quitting service / proceeding on leave preparatory to retirement for thereafter for payment of Insurance premium or for the purchase of new policy.

Amount

Date

Voucher No.

- 1.
- 2.

@7. It is certified that the employee has appealed against the order of his / her dismissal or removal/compulsory retirement / invalidation from service and final orders on _____ but the employee _____ The appeal was passed on stated in writing on that he / she had withdrawn his / her appeal.

OR

It is certified that the employee has not preferred an appeal against the order of his / her dismissal / removal compulsory retirement / invalidation from service and that the time allowed for preferring appeal expired on _____.

OR

It is certified that the employee has given a declaration in writing on _____ that he / she will not prefer an appeal against the order of his / her dismissal / removal compulsory retirement / invalidation from service.

(Signature of Head of Office)

@ Certificate No. 7 to be furnished in the case of employees who were dismissed removed / compulsorily retired / invalidated from Service.

