APPLICATION TO BE SUBMITTED FOR PAYMENT OF EX-GRATIA LUMPSUM AMOUNT ON COMPASSIONATE GROUNDS [To be submitted by the dependents jointly] Circular No.CDO/P&HRD-PW28/2005-06 dated 4th August, 2005

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61	on medical grounds) In case of retirement on n	nedical amunds		in the state of th
6)	whether the employee ha	d been subject	:	6.00
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7)	Full address of the house	/ flat acquired under	:	AND THE PARTY OF T
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8)	Details of the dependents deceased/ prematurely re	tired employee#	•	
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Sr.	Name Age Marital	Relationship Voca	tion If employe	ed Income per
No.	Status	with the	give	details month
(Copy		deceased/	of Employer	of Income!
		prematurely	or Citipioyer	Salary
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0)	Details of assets/ liabilitie			
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	(1) Terminal benefits			
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	*other than those	paid in terms of our	CIFGUIAI	av semilienes Repositioned
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	(2) <u>Liabilities</u>		可能拥有和问题	
	i) To Bank	dremakan Vikta		
	ii) To other finar	cial Institutions		104.807
		approval of the bank		heat your div
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i) Deposits	
ii) NSCs	
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iv) LIC/ other policies	Charles and the second of the
(claim received/ surrender value@)	
v) Shares (details & market value)	National was that is about the later of the contract of the
vi) Others	Surface of the theory of the trans-
Total	
@ Certificate to be enclosed.	
(4) Details of movable property, if any, held	
and monthly income derived therefrom	
and the deficiency of the second was accomplished	to the territory was
(E) Details of immercials accorded health	H10-4
(5) Details of immovable property (land/ build	
 with address and market value), if any, hel 	
name of deceased/ retired employee or any o	
dependent family members and monthly inco	me therefrom.
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ively mother than the control of the control and the	arabu are oppositionalists
(6) i). Amount of full pension, if payable :	Basic: D.R.:
(full pension payable fromto)
Amount of family pension	Basic: D.R.:
(payable from)	
ii). Monthly income of other dependent fan	mily members :
iii). Any other monthly income (with details):	eionia la como en la como
10) * I request you to make payment of ex-gratia in recovering the dues to the Bank, if any.	umpsum amount to me after
	r recovering the dues to the
In consideration of your acting on my/ our instruction from any claim or interest in the said ex-gratia lurauthorised person.	

(3) investments

- * Strike out whichever is not applicable.
- 11) I/We hereby declare that the above information/ documents submitted by me/us are correct. If it is revealed that the information and particulars furnished in the application or any other documents submitted for the purpose of claiming the ex-gratia lumpsum amount are materially incorrect or false, it will tantamount to committing a fraud and I/we am/are liable to pay back the entire amount received by me/us to the Bank with interest and bank may take appropriate legal/ criminal action against me/us.
- 12) I/We undertake that the ex-gratia lumpsum amount, if any, received shall be utilised for the benefit of the minor(s) and/ or all other dependents. Bank shall not be liable for misutilisation of the fund by me/ us/ authorised beneficiaries mentioned above.

Yours faithfully,

Place:

Name(s) in Block letters

Signature(s)

Date :

with address

(Signature of spouse/ prematurely retired employee and other dependents/Natural

Guardian or Legal Guardian of the

minor(s)

Witness:

Witness:

1. Signature: Name : Signature : Name :

Address:

Address :

Note:

- The application for payment of ex-gratia lumpsum amount should be received by the Bank within 6 months from the date of death and within two months from the date of premature retirement of the employee.
- The signatures of the claimant should be witnessed atleast by two reputed persons well known to the Bank.
- All required enclosures should be submitted along with the application.
- The application should be submitted to the branch/ office where the employee had last worked.
- In case of minor dependents- application should be signed by the natural guardian/ legal guardian.

Enclosures : (state no(s), and details)

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