

ANNEXURE - I

**APPLICATION TO BE SUBMITTED FOR PAYMENT OF EX-GRATIA LUMP SUM
AMOUNT ON COMPASSIONATE GROUNDS**

[To be submitted by the dependents jointly]

Circular No.CDO/P&HRD-PM/28/2005-06 dated 4th August, 2005

From:

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To,
The Chief General Manager
State Bank of India,

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Through:

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.....

(Branch/ Office)

Dear Sir,

**Sub: Request for Payment of Ex-Gratia Lumpsum
Amount on compassionate grounds**

I/We hereby submit my/our application for payment of ex-gratia lumpsum amount on compassionate grounds in terms of "SBI Scheme for Payment of Ex-Gratia Lumpsum Amount" and furnish here below the required particulars:

- 1) Name/s of the applicant (in capital) :
- 2) i) Present Address :
ii) Telephone No. :
- 3) i) Name of the deceased/
prematurely retired employee :
ii) Designation last held :
iii) Branch/ office last worked :
iv) Marital status of the deceased employee :
v) Date of death/ retirement on medical grounds :
(Certified copy of Death Certificate/ approval
by the competent authority of premature
retirement should be enclosed)
vi) Date of birth and age of the employee :
as on the date of death/ retirement
vii) Service particulars as on death/ retirement:
Total service : Y M D
Remaining service : Y M D
viii) Salary last drawn : Gross salary

Gross salary (net of taxes):

- 4) Whether died in harness :
- 5) A. Cause of death :
B. Ailment(s) from which the employee was suffering (In respect of employee retired on medical grounds) :
- 6) In case of retirement on medical grounds, whether the employee had been subject to examination by a Medical Board constituted in terms of Central Office letter no. ADM/SPL/5197 dated 27.9.97, if so, copy of Medical Board's report to be enclosed) :
- 7) Full address of the house/ flat acquired under Bank's Housing Loan Scheme/ other loans :
- 8) Details of the dependents of the deceased/ prematurely retired employee# :

Sr. No. (Copy)	Name	Age	Marital Status	Relationship with the	Vocation	If employed give details	Income per month
				deceased/ prematurely retired employee		of Employer	of Income/ Salary certificate to be enclosed)

1.
2.
3.
4.
5.
6.

proof to be enclosed.

- 9) Details of assets/ liabilities/ monthly income of the dependents from all sources:

(1) Terminal benefits

- i) Provident Fund
- ii) Gratuity
- iii) Leave Encashment
- iv) Any other amount paid under Bank's Scheme(s)
- v) Compensation etc.*

Total

*other than those paid in terms of our Circular no. CDO/PM/CIR/46 dated 17.07.2002.

(2) Liabilities

- i) To Bank
- ii) To other financial Institutions
- with the prior approval of the bank@
- iii) Any other dues payable to Bank

Total

@certificate to be submitted

(3) Investments

- i) Deposits
- ii) NSCs
- iii) PPF
- iv) LIC/ other policies
(claim received/ surrender value@)
- v) Shares (details & market value)
- vi) Others

Total

@ Certificate to be enclosed.

**(4) Details of movable property, if any, held
and monthly income derived therefrom**

**(5) Details of immovable property (land/ building/flat :
- with address and market value), if any, held in the
name of deceased/ retired employee or any other
dependent family members and monthly income therefrom.**

- (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 family members :**
- iii). Any other monthly income (with details):**

10) * I request you to make payment of ex-gratia lumpsum amount to me after recovering the dues to the Bank, if any.

or

* We authorise Shri/Smt. _____ to receive ex-gratia lumpsum amount on our behalf. We hereby request you to make the payment of the lumpsum amount to the said authorized person after recovering the dues to the bank if any. We also declare that the this authorization is final, irrevocable and binding on us.

In consideration of your acting on my/ our instructions, I/ we hereby release you from any claim or interest in the said ex-gratia lumpsum amount in favour of authorised person.

* 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 :
Address :

2. Signature :
Name :
Address :

Note :

1. 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.
2. The signatures of the claimant should be witnessed atleast by two reputed persons well known to the Bank.
3. All required enclosures should be submitted along with the application.
4. The application should be submitted to the branch/ office where the employee had last worked.
5. 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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