

C.P.F. CLAIM APPLICATION

(DEATH CASE)

The Trustee Secretary,
N.P.C.C. Limited Employees
C.P.F. Trust,

FARIDABAD

Subject : PAYMENT OF PF DUES OF LATE SH. _____ CPF
ACCOUNT NO. _____ DESIGNATION _____
R.P.N. LIMITED, _____ Unit. _____

Dear Sir,

I/We the following being members of the family/nominee(s) of late Sh. _____ apply for the payment of the accumulation standing to the Credit of the deceased in the C.P.F.

NAME & ADDRESS	SEX	AGE OR YEAR OF BIRTH	MARITAL STATUS	RELATION WITH THE DECEASED.
1	2	3	4	5

The particulars of the deceased members are given below :-

1. Name of deceased _____
2. Father's Name/Husband Name _____
3. C.P.F. Account No. _____
4. Date of Death _____ / _____
5. Last employed Unit _____
6. Address _____

7. The payment may be made by:
i) Crossed Cheque or by _____
ii) Crossed bank draft payable
at SBI/SBOP Branch (full _____
address of bank Branch) _____
8. Address for sending cheque/
draft by Registered Post. _____

I/We declare that the above particulars are true to the best of my knowledge.

Signature/thumb
impression

Date : _____

Name _____

Address _____

Certified that the above declaration has been signed/thumb
impressed by Sh./Smt. _____.

UNIT OFFICER/MAGISTRATE
POST/SUB POST MASTER/
GRAM PRADHAN/ANY GAZETTED
OFFICER/BDO/MP/MLA ETC.

ADVANCE STAMPED RECEIPT

Received a sum of Rs. _____ (Rs. _____)
vide cheque/D.D. No. _____ dated _____ from Trustee
Secretary, N.P.C.C. Limited, Employees CPF Trust towards full &
Final settlement of CPF account of late Sh. _____.

SIGNATURE ATTESTED

SIGNATURE/XX THUMB IMPRN.
ON Rs. 1/- REVENUE STAMP

NAME _____
ADDRESS _____

//JASSI//