**C.P.F. CLAIM APPLICATION**

(DEATH CASE)

To,

The Trustee Secretary,

N.P.C.C. Limited Employees

C.P.F. Trust.

Subject: - PAYMENT OF PF DUES OF LATE SHRI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPF

ACCOUNT NO.\_\_\_\_\_\_\_\_\_\_DESIGNATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.P.C.C. LIMITED, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit.

Dear Sir,

I/We the following being members of the family/nominee(s) of Late Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 MARTIAL RELATION WITH

OF BIRTH STATUS 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:
8. Multi City Crossed Cheque \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii) Through RTGS/NIFT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enclosed Original Cancelled

Cheque duly signed by

Claimant)

1. Address for sending Multi City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque through Registered/Speed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

UNIT OFFICER/MAGISTRATE

POST/SUB POST MASTER/

GRAM PRADHAN/ANY GAZETTED

OFFICER/BDO/MP/MLA ETC.

**ADVANCED STAMPED RECEIPT**

Received a sum of Rs.\_\_\_\_\_\_\_\_\_\_ (Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Vide cheque/D.D. No.\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_ from Trustees Secretary, N.P.C.C. Limited, Employees CPF Trust towards full & final settlement of CPF account of late Sh.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SIGNATURE ATTESTED SIGNATURE/THUMB IMPRN.

ON Rs. 1/- REVENUE STAMP

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_