# Employees'ProvidentOrganization

**(Ministryof Labour&Employment, Govt.ofIndia)SubRegional Office**

PanchayatNagarChowk,UniversityRoad,Rajkot-360005.

|  |  |
| --- | --- |
| Photograph | Ph.(0281)2576399,2576499Fax:(0281)2578634 |
| From : |

Date:

To.

TheRegionalProvidentFundCommissionerEmployees'ProvidentFundOrganisationPanchayatNagarChowk,UniversityRoad,Rajkot-360005.

Sub.:DeathIntination of Pensioner Shri/Smt.bearingP.P.O.No.

PPO

Iregreat to informyouthat myhusband/ wife /father/motherdied on

He/ShewasapensionerundertheEmployeesPensionScheme-1995.ThePerticularsofMemberpensionpaymentorderaregivenbelow.

(a)

NameofthePensioner :

1. P.F.A/cNo. :
2. ComputerPPONo. :
3. FileNo. :
4. S.B.A/c.No. :
5. Nameof thebankand Branch of late :Pensioner

### (P.T.O.)

Ishouldfeelgratefulifyoucouldkindlypassonhis/hermonthlypensionwidow/widower/childrenasspecifiedinPensionPaymentorderandbecreditedinundermentionSavingBankAccountofeachbeneficiary.

|  |  |  |
| --- | --- | --- |
| Sr. No. | Name of theBeneficiaries | Name of theBankS.B. A/c. No. |
| 1 | 0 |  |
| 2 |  |  |
| 3 |  |  |

I shall appreciate an early reply inthe matter.

Death Cedrtificate on pensionerand copiesof IndividualBank PassBookare enclosed.

Encl : AsAbove

Countersigned byvertified tobe true statement. Yours Faithfully

Authorised Signatory Signature of impression ofLeft/ RightHand(Officer of theEstablishment) IndexFinger of Claimant

(BankManager With BankSeal)

### Annaxure-I

**Employees'ProvidentOrganization**

**Sub-Regional-Office**

PanchayatNagarChowk,UniversityRoad,Rajkot-360005.

Ph.(0281)2576399,2576499Fax:(0281)2578634

**PARTICULARSABOUTNAME&ADDRESSOFTHENEARESTDENABANKBRANCHANDPENSIONERSSAVINGBANKA/C**

1). NameofthePensioner :

2). P.P.O.No. :

3). NameofthenearestbranchofDanaBank:withfulladdresswhereinthePensionerhasopenedtheS.B.A/c.No.

4). SavingBankA/c.No. :

Date:Place:SEAL

PleasewithdrawlreturncapitalisAdmissible

(SignatureofPensioner)

AttestedbytheAuthorisedofficerof theEstablishment/ManagerofDenaBank

**SPECTIONOFLETTEROFUNDERTAKING**

### Annaxure-9

**(Para-14.4)**

**20.3**

To.

TheBranch Manager

(Bank'sName)(Branch'sName)

DearSir,

EmployeePensionScheme-1995

PaymentofpensionunderP.P.O.No. throughyouroffice

Inconsiderationofyourhavingatmyrequestagreedtomakepaymentofpensionduetomeeverymonthbycredittomyaccountwithyourbank.l,undersigned,agreeandundertaketorefundormake goodanyamounttowhichmaybecreditedtomyaccountin excessof theamounttowhich iamorwouldbeentitled.Furtherherebyundertakeandagreetobindmyselfandmyheirs.successors,executorsandadministratorstoindemnifythebank fromandagainstany losssufferedorincurredbythebankinsocreditionmypensiontomyaccountundertheschemeandtoforthwithpaythesametothebankandalsoirrevocablyauthorizethebanktorecovertheamountduebydebittomysaidaccountoranyother account /depositsbelongingtome inthe possession of the bank.

YoursFaithfully

SignatureNameAddress

Date:

(I) Witness

(II)

Witness

Signature Signature

Name Name

Address Address