

The Postal & R.M.S. Employees Co-operative Bank Ltd.

AMBALA CANTT.

Application Form for Payment out of Member welfare fund

1. Account No.....
2. Name of the Member
3. Designation and Official Address.....
4. Father's / Husband's Name.....
5. Date of Death
6. Cause of Death
7. Name of the Nominee / Legal heir.....
8. Relation with Nominee / Legal heir
9. Age of Nominee / Legal heir
10. Permanent Home Address of Nominee / Legal heir.....
11. Name and Address of Nominee / Legal heir to whom
GPF / DCRG were paid by the department
- (Please attache some proof also)
12. Contact No.

Signature of Claimant

Certified that above Particulars are correct and Nominee / heir of Shri / Smt.
is

Date.....

Signature and Stamp of Disbursing Officer

(To be filed in by the Bank)

- | | |
|---|---------|
| 1. Loan Outstanding | Rs..... |
| Interest | Rs..... |
| | |
| Total | Rs..... |
| 2. Amount to be remitted out of MWF after
deducting loan balance, if any | Rs..... |
| 3. Share Value held..... | Rs..... |
| 4. CTS at Credit..... | Rs..... |
| | |
| 5. Any other dues..... | Rs..... |
| 6. Total Amount to be remitted to the legal
heir / nominee (2+3+4+5) | Rs..... |

Dealing

Office Incharge

Acctt. / Manager

Approved

Chairman

Amount remitted through Cash / Cheque / Draft No..... Dated.....