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.....