

FORM (C)

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCE IN
THE CONTRIBUTORY PROVIDENT FUND ACCOUNT OF A SUBSCRIBER
TO BE USED BY THE NOMINEES OR ANY OTHER
CLAIMANTS WHERE NO NOMINATION
SUBSISTS.**

TO.

**Secretary,
U.P.P.C.L. C.P.F. Trust,
Shakti Bhawan (Extn),
Lucknow.**

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the contributory Provident Fund Account of Sri/Smt.....The necessary particulars required in this connection are given below :-

- (1.) Name of the subscriber
- (2.) Date of birth
- (3.) Post held by the subscriber.
- (4.) Proof of Death in the form of a death certificate issued by the municipal authorities, etc. if available.
- (5.) Date of Death
- (6.) Provident Fund Account No.....allotted to the subscriber.
- (7.) Amount of Provident Fund money standing on the credit of the subscriber at the time of his death.
- (8.) Details of the nominees alive on the death of the subscriber, if a nomination subscriber.

Name of the Nominee - Relationship with the subscriber - Share of the nominee

- 1.
 - 2.
 - 3.
 - 4.
- (9) In case the nomination is in favour of a person other than of the family, the details of the family, if the subscriber or subsequently acquired a family.

PTO

3. Specimen signature in duplicate.
(In the case of Literacy claimants)

Yours faithfully,

Station.....

(Signature of claimant)

Dated

(Full name and address)

(for use of head of office)

Forwarded to the senior accounts officer, U.P.P.C.L. C.P.F. Trust , Shakti Bhawan (Extn), Lucknow for necessary action. The particulars furnished above have been duly verified.

2. The Provident Fund Account Number of Sri/Smt./Km.....(as verified from the annual statements furnished to him/her), is.....
3. He/She died on.....A death certificate issued by the Municipal authorities has been produced/is not required in the case as there is no double about his/her/death.
4. The last fund deduction was made from his/her pay for the more ofdrawn in this office bill No.....dated.....for Rs.....(Rupees.....) Voucher No.....datedThe amount of deduction being Rs.....and recovery on account of refund of advance of Rs.....
5. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death. Certified that the following temporary advances/final with-drawls sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death.

P.T.O

Amount of advances/withdrawal Date and place of encashment Voucher No^o

- 1.
- 2.
- 3.
- 4.

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her new policy.

Policy number and name of company Amount Date Voucher No

- 1.
- 2.
- 3.
- 4.

7. He/she is not opted for the continued retention of his/her Provident Fund money in terms of the provisions of regulation 41 of the U.P.P.C.L. C.P.F. Trust, Shakti Bhawan (Extn), Lucknow Contributory Provident Fund Regulations 1978.

OR

He/She has opted for the continued retention of his/her provident Fund money in the Fund in terms of the Provisions of regulation 41 of the U.P.P.C.L.

P.T.O

C.P.F. Trust , Shakti Bhawan (Extn). Lucknow Contributory Provident Fund Regulations, 1973. and his/her option was forwarded vide this office letter No.....Dated.....is attached.

The Other Particulars their in this connection are given below:-

1. Date of retirements from corporation service.
 2. Amount at the credit of the subscriber on the date of retirement.
 3. Amount finally withdrawn after retirement. if any.
8. It is certified that no demands following demands of the Board are due for recovery.
9. It is further certified that this application was received in my office on.....i.e., within six months from the date the amount of claimed become payable. But the delay in the submission there of was caused by circumstances beyond the control of the applicant.

(Signature of the Head of Office)