

# THE INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD., X-341

No.253,Angappa Naicken St, Chennai-600001. Phone: 044-25340757; 25340988

E-Mail ID: ibsociety1965@gmail.com

## APPLICATION FOR ASSISTANCE UNDER MEMBER'S FAMILY WELFARE DEPOSIT SCHEME (MFWDS)

To

The Secretary,  
The INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD., X-341  
CHENNAI – 600001

Sir,

I ..... (Claimant's Name) **being the Nominee duly registered with Indian Bank's Provident Fund Scheme for the deceased staff Mr./Mrs.**

....., request the Indian Bank Staff Co-op Society to grant me assistance as applicable under bye-law No.16B and Rule 7(3) of the Scheme. I furnish below the required particulars and enclose the necessary certificates for claiming of the above assistance.

1.	Name of the deceased staff – subscriber to the Scheme (IN BLOCK LETTERS)																					
2.	S.R. No.																					
3.	Name of the Nominee of the deceased staff ( <i>enclose copy of Nomination letter approved by CO:HRM</i> )																					
4.	Nominee's relationship to the deceased staff																					
5.	Branch/Office at which the deceased staff <b>last worked</b>																					
6.	Date of death ( <i>enclose attested copy of death certificate issued by Competent Govt authority</i> )	(DD/MM/YYYY)																				
7.	Nominee's / Legal heirs Indian Bank <b>SB a/c No.</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
8.	<i>Permanent Residential Address in full</i>  <b>Contact Mobile Phone No.</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

Place:

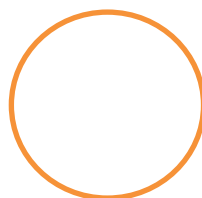
Date:

**Signature of Claimant/Nominee**

I certify that the particulars furnished above by the claimant/Nominee are correct and also certify that Mr./Mrs. .... is the nominee duly registered with Indian Bank's Provident Fund Scheme for the deceased staff.

Place:

Date:



(Office Seal)

**For Indian Bank**

**Branch Manager**  
(last working branch)

## CONSENT LETTER BY THE LEGAL HEIRS

To  
The CHAIRMAN  
Indian Bank Staff Co-op Society Ltd  
Chennai 600001

Date: .....

Sir,

We, the legal heirs (details given below) of the deceased staff Mr./Mrs. ....  
..... have no objection for paying the eligible amount of  
assistance under the Family Welfare Deposit Scheme to Mr./Ms. ....

We further state that the discharge given by said Mr./Ms.....  
In respect of the said assistance shall be as effective as if the same is given by all of us and shall  
be binding upon us. **(Copy of attested Legal Heir Certificate is enclosed)**

PARTICULARS OF LEGAL HEIRS					
Sl. No	Name	Age	Relationship to the deceased staff	Signature	Copy of Photo ID Proof
1.					
2.					
3.					
4.					
5.					
6.					

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### VOUCHER

*Received from the Indian Bank Staff Co-operative Society Ltd. X-341 Chennai 600001, a sum of  
Rs. .... (in words rupees .....  
..... only) towards assistance under the Member's Family  
Welfare Deposit Scheme.*

Place:

Date:

**Witness**

1.

2.

Affix Re.1/-  
revenue  
stamp

**Signature of the Claimant**

