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)

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Sir,																					
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Co-op furnish assist	h belo	ow th		nt m	ne ass	sistan	ice a	s app	olicat	ole ui	nder		aw N	o.16l	3 an	d Ru	le 7(3) of	the	Sche	me. I
1.					eased K LE			subs	cribe	r to	the										
2.	S.R. No.																				
3.	Name of the Nominee of the deceased staff (enclose copy of Nomination letter approved by CO:HRM)						RM)														
4.	Nominee's relationship to the deceased staff																				
5.	Branch/Office at which the deceased staff last worked						ast														
6.	Date of death (enclose attested copy of death certificate issued by Competent Govt authority)												(DD/N	/М/Ү	YYY)					
7.	Nominee's / Legal heirs Indian Bank SB a/c No.																				
8.					ential		ess ii	n full													
	Con	tact	IOOIVI	lie P	hone	NO.		Τ	1		1										
Place Date:	:	<u> </u>	<u> </u>					<u> </u>					Sign	ature	of (Clain	nant/	Nom	inee		
I certi Mr./Mi registe	rs																				
Place	:																	Foi	· Ind	ian E	Bank
Date.									(0	Office	Sea	l)					(la:			Man g bra	_

CONSENT LETTER BY THE LEGAL HEIRS

Indian	HAIRMAN Bank Staff Co-op Society nai 600001	Date: .	Date:		
Sir,					
-	ne legal heirs (details give	,			
	ance under the Family We		•	. , ,	3
We fu	rther state that the discha	rge given	by said Mr./Ms		
In resp	pect of the said assistance	shall be	as effective as if the s	ame is given by	all of us and shall
be bin	ding upon us. (Copy of atte	ested Lega	l Heir Certificate is end	closed)	
	PAF	RTICULAR	S OF LEGAL HEIRS		
SI. No	Name	Age	Relationship to the deceased staff	Signature	Copy of Photo ID Proof
1.					
2.					
3.					
4.					
5.					
6.					
			VOUCHER		
	ved from the Indian Bank		•		
Rs	(in words ru	pees			
			only) towards assis	tance under the	Member's Family
Welfal	re Deposit Scheme.]	
					Affix Re.1/-
Place:			revenue stamp		
Date:					·
Witne	<u>ess</u>			Signatur	e of the Claimant
1.					
2.					

OFFICE NOTE

OFFICE NOTE			
Whether the application has been received through the Branch/Office with necessary particulars and certificates	YES / NO		
Whether the deceased subscriber has remitted the monthly contributions of Family Benefit Fund regularly	YES / NO		
Whether the deceased subscriber has any dues outstanding to the Society	YES / NO		
If there are dues outstanding, i. How much his/her loan balance is proposed to be adjusted ii. How much surety's loan balance is proposed to be adjusted	Rs.		
Whether the claim is preferred by the person nominated to the Indian Bank Staff Provident Fund Scheme by the deceased subscriber	YES / NO		
If so, whether letter has been obtained in this regard from HRM department of Indian Bank Head Office	YES / NO		
If the claim is preferred by legal heirs, whether attested copy of the Legal Heir Certificate issued by competent Govt authority is received	YES / NO / NA		
The application is proper for consideration of the assistance under Bye-law of the Family Welfare Deposit Scheme. @ As the Assets of the Deceased Member exceed the liabilities,	, ,		

Rs..... (being the net amount payable after adjusting the Society's dues) to the claimant Mr./Ms. by cheque or by crediting the amount into the Savings Bank a/c of claimant @ As the Liabilities of the Deceased Member exceed the assets, we may adjust the MFWDS amount of Rs..... to his/her Loan account Date: Chairman **Asst.Secretary** Secretary @ Paid Rs.....(in words rupees only) @ by crossed cheque No...... with Branch of Indian Bank. @ M.F.W.D.S. amount of Rs.....(in words rupees only) adjusted to the deceased member's Loan account on (date). **Asst Secretary Secretary**

Clerk

@ Strikeout which is not applicable