**The Employees’ Deposit Linked-Insurance Scheme, 1976**

FORM 5(IF)

**Form to be used by a nominee/Legal Heir of the deceased or guardian of the minor**

**Nominee(s)/legal heir under Paragraph 23 of this Scheme**

Note : Read the “Instructions” carefully before completing this form)

(Through the Employer under whom the deceased was last employed)

I Being a nominee/Legal heir/guardian or minor nominee(s) or minor heir of the deceased employee apply for the payment of Assurance Benefit under Employee’s Deposit Linked Insurance Scheme, 1976.

(FOR USE BY THE NOMINEE/LEGAL HEIR . OTHER THAN MINORS)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Address  of the Applicant | Sex | Age or year of  Birth | Marital  Status | Relationship with  the deceased | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |

(FOR USE IN RESPECT OF MINOR NOMINEE(S) / HEIR(S))

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name &  Address of  the  Applicant | Sex | Age or  year of  Birth | Name of minor  Nominee/  Heir(s) | Sex | Age or  year of  Birth | Relationship  of the  guardian  with the  minor  nominee  heir(s) | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |

2. The particulars in respect of the deceased member are furnished below:-

a. Name of the deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Father’s Name (or husband’s name in the case of married woman)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Date of death

d. Last employed in

e. Account Number in Provident Fund/Insurance Fund\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The particulars of the Saving Bank Account into which the amount is to be deposited

(Paragraph 24 (3) of the Employees Deposit Linked Insurance Scheme (1976) )

a. Name and address of the claimant

b. Name and full address of the Bank specified in the first Schedule to the Banking Companies.

(Acquisition and transfer of the undertakings Act 1980 )

c. Savings Bank Account Number of the claimant :

4. I declare that the above particulars are true to the best of my knowledge

Date :

Signature or left/right hand thumb impression

of Shri/Smt. /Kum/(The Applicant )(Left thumb

impression in the case of illiterate male applicant

and right thumb impression in the case of illiterate

female applicants)

ADVANCE STAMPED RECEIPT

Received a sum of Rs ……………………………….(Rupees) ……………………………………..

………………………………………………………………) from the Regional Provident Fund Commissioner/Officer incharge of Sub-Regional office………………………………..by deposit in my savings Bank Account towards the Employees Deposit Linked Insurance benefit.

Date :

Affix Re. 1 Revenue Stamp

The space should be left blank , which shall be filled

in by Regional Provident Fund Commissioner/Office in

charge of Sub-Regional office

Signature or left/right hand thumb

impression of the claimant

Certified that the CLAIMANT signed/thumb impressed before me

Enclosure:-

SIGNATURE OF authorized officer

Dated...................200

**Note:** The employer of unexempted establishments should fill in the Column 2 and 3 only and the employer of exempted establishments should in all the columns.

Balance in Provident Fund at the end of the month preceding the 36 months immediately preceding the death of the employer

TO BE FILLED IN BY EMPLOYER ON A DUE BASIS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | Both shares of contribution | Refund of Withdrawal | Interest | Withdrawal | Progressive Balance |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| Month | Both shares of contribution | Refund of Withdrawal | Interest | Withdrawal | Progressive Balance |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
| 32 |  |  |  |  |  |
| 33 |  |  |  |  |  |
| 34 |  |  |  |  |  |
| 35 |  |  |  |  |  |
| 36 |  |  |  |  |  |

Total of 36 months of Provident Fund:

Balance: Rs. Average Balance: Rs.

CERTIFICATE

1. Certified that the particulars furnished above are correct.

2. Certified that the member died on while in service.

3. Certified that the Provident Fund accumulations of the deceased employee, late Shri/Smt/Km A/c No. were paid to Shri/Smt/Km

(i)

(ii)

(iii)

(The employer of exempted establishment shall send an attested copy of nomination of the deceased employee)

Date:

Signature of the employer

(Name and designation with official seal)

(FOR THE USE OF COMMISSIONER’S OFFICE)

Entered inF-21-A/9 (Revised)/IFI/Withdrawal Registers

Clerk Head Clerk

(Under Rs.

P.I No. Account No.

Section

Passed for payment for Rs. ) and the amount may be remitted for the credit to the Savings Bank Account No. in respect of Shri/Smt/Km maintained at (Banks).

Accounts Officer

Date:

Paid by inclusion in Cheque No.:

Clerk Head Clerk

Assistant Provident Fund Commissioner

Or

Regional Provident Fund Commissioner