FORM – F

APPLICATION FOR FINAL PAYMENT OF BALANCE IN THE PROVIDENT FUND ACCOUNT OF A DECEASED GOVERNMENT EMPLOYEE

1. Name of the Government Servant:
   …………………………………………………………………………………

2. Account No.:
   …………………………………………………………………………………

3. Post held by the Govt. Servant ………………………….. Department
   …………………………………

4. Date of death
   …………………………………………………………………………………

5. Proof of death, if available
   …………………………………………………………………………………

6. Balance at credit of the subscriber on the date of death, if known
   …………………………………

7. Details of the nominees alive on the date death of the subscriber, if a nomination subsists.

<table>
<thead>
<tr>
<th>Name of nominee</th>
<th>Relation with the subscriber</th>
<th>Share of the nominee</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td></td>
<td></td>
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<tr>
<td>ii)</td>
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<td></td>
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<tr>
<td>iii)</td>
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</tr>
</tbody>
</table>

8. In case no nomination subsists, the details of the surviving member of the family on the date of death of the subscriber ………………………

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship with the subscriber</th>
<th>Age on the date of death</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
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<td>ii)</td>
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<td>iii)</td>
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</tbody>
</table>
(The claim should be supported by letter of probate or succession certificate and in case amount due to a minor the claim should be supported by Guardianship certificate)

Remarks, if any ........................................................................

Place : ............................................................... Date ........................................
Memo No. : ............................................................... Signature of the claimant
Full name and address
Date .........................

Forwarded to the Chief Accounts Officer, General Provident Fund for verification of the balance at the credit of the subscriber. The particular furnished above have been duly verified.

1. The G.P.F. Accounts No. of Sri/Smt/Kumari
   ........................................................................
2. He/She died on .............................................
3. The last subscription was made from his/her salary for the month of
   .................................................... drawn in this office bill No. ................. Date
   ....................... for Rs. ..................... (Rupees
   ........................................................................) voucher No. ......................
   date ............................................. the amount of subscription being Rs.
   ............................................. and recovery of advance Rs. .........................

4. Details of advance and withdrawals during the last one year preceding the date of death;

   Advance
   ............................................................... Wtihdrawals
   ............................................................... ...............................................................
   ............................................................... ...............................................................
   ............................................................... ...............................................................
   ............................................................... ...............................................................

   Signature of Head of Office/Department.

(For the use in the General Provident Fund section of Finance Department)

Memo No. ......................... Dated : ..............................

Certified that the subscriber has the following balance at his/her credit as on

.........................
i) Closing balance at the end of previous financial year .................. ........200 ............. Rs. ..................

ii) Advance/withdrawals during the year Rs. .................................................................

iii) Credit from ....................... to ....................... Rs. ...........................................

iv) Net balance at credit Rs. ....................... (Rupees .................................................. ....................... inclusive of interest upto .......................

Signature of Ledger Keeper .............................. Signature of Officer In-charge of G.P.F. .............................. Designation :