



**THE EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976**

**Regn. No.**

**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	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)

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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 1970 )
- 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 :



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 THE EMPLOYER OR ANY AUTHORISED OFFICIAL

Dated.....200

Designation:

Stamp of the Factory/Estt.