



Regn No

[For Office use only]

EMPLOYEES PROVIDENT FUNDS SCHEME, 52

Form 20

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- Form to be used :
- OR [1] By the guardian of the minor/lunatic member
- OR [2] by nominee or legal heir of the deceased member
- OR [3] by the guardian of the minor/lunatic nominee or heir for claiming the provident fund accumulation of minor / deceased member
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Note : Read the instructions carefully before completing this form

PARTICULARS OF THE MEMBER

1. a. Name of the member[in Block letter] :
- b. Fathers / husbands name :
- c. Name and Address of the Factory/
Establishment in which the member
was last employed :
- | | | |
|--|--|--|
| | | |
|--|--|--|
- d. Account number :
- e. Date of leaving service :
- f. Reason for leaving service :

[IN CASE OF DECEASED MEMBER]

- g. Date of death of member :
- h. Marital status of member on the day
of death :

PARTICULARS OF THE CLAIMANT

2. (To be filled in by a [Major Nominee /Legal Heir/ Member of the family of the deceased member.]

-
- a. Name of the claimant [in Block letters] :
- b. Fathers / husband's name :
- c. Sex :
- d. Age(as on the date of death of the member) :
- e. Marital status of member [as on the day of death of
member] (Whether married Unmarried,
widow,or widower) :
- f. Relationship with the deceased member :

3. To be filled in by the Guardian/Manager of the Lunatic Member/Lunatic/Minor [Nominee[s]]
Legal Heirs[s] of the deceased Member
Family Member[s]

- a. Name of the Claimant { i.e. Guardian}
- b. Fathers/Husband's Name
- c. Relationship with the member/deceased member
-

3A. PARTICULARS OF THE MINOR/LUNATIC NOMINEE(S) LEGAL HEIR(S) FAMILY MEMBER(S) ON WHOSE BEHALF THE PROVIDENT FUND AMOUNT IS CLAIMED.

<u>S.No</u>	<u>Name</u>	<u>Sex</u>	<u>Religion</u>	<u>Relationship</u>	
				with the deceased member	with the guardian
(1)					
(2)					
(3)					
(4)					
Delete, if not applicable					

4 Claimant's full postal address : Shri/Smt

 (in Block Letters) S/o, W/o, H/o,
 D/o.....

PIN:

5. MODE OF REMITTANCE : Put a 'tick' in the Box against the one opted:

a. by postal money order at my cost () to the address given in item No4

OR (b) By account payee cheque sent : () S B Account
 No.....
 direct for credit to my S B Bank

 Account (Scheduled Bank /P.O) Branch

 under intimation to me (Advance Full Address of

 Stamped receipt furnished below) of the Bank

CERTIFICATE:

To the best of my knowledge no posthumous child will be born to deceased member.

I certify that the particulars given above are true to the best of my knowledge.

I certify that the the minor(s)/Lunatic Shri/Smt

..... is living with me and is being supported and looked after by my self and the Provident Fund money claimed on behalf of minor/lunatic will be spent in his/her best interests and benefits.

I certify that the minor member has not been employed in any Factory/Establishment to which the 'Act' applies for a continuous period of not less than 2 months immediately preceding the date of this application.

Encl:
 Date
 Delete, if not applicable

 Signature or Left/Right hand
 thumb impression of the
 claimant

ADVANCE STAMPED RECEIPT
(To be furnished in case of 5 (b) above)

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 settlement of Provident Fund, account of Shri/Smt
.....

*The space should be left blank which shall
be filled in by Regional Provident Fund
Commissioner/Officer-in-charge of sub
Regional Office



Signature or Left/Right hand
Thumb impression of the
claimant