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Mobile No.	
VIODHE NO.	是16年第四周20日的1日,2月1日的1日日的1日日的1日日的1日日日的1日日日的1日日日日日日日日日日日日

EMPLOYEES' PROVIDENT FUND ORGANISATION

Composite Claim Form in Death Cases

[Form-20 (PF Payment)/Form-10-D (Penson), Form - 5 IF (EDLI]

	Tick whichever	(i) Provident Fund ()		(ii) Pension (17. 18. 4	(iii) Insuranc	ce [EDLI] ()
1	is/are applicable			Type of Pension	claim:	6-70-5	1200	The state of the		
2		sed member (in CAPITAL lett	ers)							
3	(a) Father's Name : (b) Spouse's Name :		a) b) _							
4	Marital status of deceased member			MARRIÉD						
		of the deceased member (if av	ailable)				73			
5	b) Universal Accoun									
	c) PF Account Number (in case UAN not available)		The state of the s							
6	Date of Leaving ser						1 2500	- F		
7	The first of the second second second second second second	ributory service (Year/Month/I	Days)							
8	Date of death of the			24-0	3-20	18				
9	Whether the member	er had died while in service(Y	res/No)	No						
	CLAII	MANT'S DETAILS FOR PRO	OVIDE	NT FUND, PENSI	ON AND	INSURAN	CE (EDI	_I)		
	Particulars of the cl	aimant/minor/nominee(s)/lega	al heir(s)/surviving family	member o	on whose b	ehalf the	claim is s	ubmitted	,
	· 10.000 (数据数) / 2000 (10.00)		Francisco de			Date of	Marital	Relatio	Relationship with	
	S. Name	Father's / Spouse's Name		Aadhar Number	Gender	Birth	Status	Member	Guardian	L
	SWAPAN									
10	SARKAR						(A) (A) (A)			
	iii									
	iv	THE PROPERTY OF THE PARTY OF TH		K.S.	0.54-14					
	V		15 (8) (3)			he to supare to	PERSONAL PROPERTY.	The Control		
	Bank Account detai	Is for payment of PF & EDLI:	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Saving Bank Accou	nt No.					
		py of cancelled cheque/atte	sted ·							
	copy of first page of	bank Pass Book)	. 1	Vamo & address of	the Bank	HERE				
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		The second second	(A) 1.00 (A)	A CONTRACTOR OF THE PARTY OF TH	waran		NA CALL	7		
		BANK ACC	Contract Contract	DETAILS FOR PE	and the second second		ENAVERA !			
	Bank Account details		The state of the s	Saving Bank Account No.						
	(Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)									
				0 - dd-see of	the Dank		the state of the			
12										
				S Code						
		A STATE OF THE PARTY OF THE PAR						Property Control		
	Full Postal address of claimant									
13										
13										
		the language true to the b	est of n	ny knowledge.						
	Certified that th	e particulars are true to the b	CSI OI II							

Control of the Contro	CONTRACTOR OF THE PARTY OF THE		
			8
0		MARKET NA	

Claimant's signature

Name:....

Employer's Signature Designation & Seal of Employer

Enclosures:

- i) Death Certificate
- ii) Joint photograph of all the claimants
 iii) Date of Birth certificate of children claiming pension
 iv) Scheme Certificate (if applicable)