

CLAIM FORM OF PENSION

To,
The Hon. Secretary,
SBI Supervising Staff Co-operative.
Credit Society Ltd.
J. C. Road, Patna

Sir,

I herewith submit a claim for pension alongwith the particulars as under :-

1. Name of deceased member
2. Membership No
3. Posting (Where the member has last worked)
4. Date of Death
5. Death certificate (At tested photocopy enclosed)
6. Name of the Nominee
7. A/C No.
8. Mobile/ PF.
9. Permanent Address : **Relationship -**
10. Address to which the pension
cheque to be sent :

Signature of the Nominee

Signature of the Nominee

Attested by :-

Head of the Department / Branch
Manager where the member has
last worked

Date :

Name :-

Signature : with seal

FOR OFFICE USE ONLY :

1. The particulars verified and noted in Register - yes
2. Total amount received by member in this scheme Rs.
3. Total amount Rs. transferred in Pension fund contingency
Accounts.
4. Pension made Rs.per month in favour of Shri/Smt.
5. Pension pay Rs. from month ofyear of

HON. SECRETARY