# S.E., S.E.C. & E.Co. Rlys. E.C.C.S. Ltd.

93, CIRCULAR GARDEN REACH ROAD, KOLKATA-700 043

Application form for Claiming Financial Relief from the Death Benefit Fund of the Society.

( To be submitted only by the Widow/legal heir(s) of a Shareholder died in harness )

To
The Chief Manager
S.E., S.E.C. & E.Co. Rlys. E.C.C.S. Ltd.
93, Circular Garden Reach Road
Kolkata-700 043

Dear Sir.

Designation	Dear Oil,	
I / We am / are the Widow / legal heir (s) of the deceassed, as below, and would lifurnish the following information:  1. Name of the Widow / legal heir (s) with relationship (in Block Letters)  2. Postal Address for Correspondence  Phone No. (P&T / Mobile)  3. Name & Service particulars of the deceased Name  Designation  Deptt Station  P.F. No Bill Unit No  4. (a) Date of Expiry  (b) Date of Birth  (c) Date of Retirement / Due Date of Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from	Sub. : CLAIM FROM	DEATH BENEFIT FUND
Phone No. (P&T / Mobile)  3. Name & Service particulars of the deceased Name  Designation  Deptt Station  P.F. No Bill Unit No  4. (a) Date of Expiry  (b) Date of Birth  (c) Date of Retirement / Due Date of	<ul><li>I / We am / are the Widow / legal heir (s) furnish the following information :-</li><li>1. Name of the Widow / legal heir (s) with relationship</li></ul>	) of the deceassed, as below, and would like to
3. Name & Service particulars of the deceased	2. Postal Address for Correspondence	
3. Name & Service particulars of the deceased	Phone No. (P&T / Mobile)	
DepttStation  P.F. NoBill Unit No  4. (a) Date of Expiry	3. Name & Service particulars of the deceased	
P.F. No Bill Unit No  4. (a) Date of Expiry  (b) Date of Birth  (c) Date of Retirement / Due Date of Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from		Designation
4. (a) Date of Expiry  (b) Date of Birth  (c) Date of Retirement / Due Date of Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from		DepttStation
(b) Date of Birth  (c) Date of Retirement / Due Date of Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from		P.F. No Bill Unit No
(c) Date of Retirement / Due Date of Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from	4. (a) Date of Expiry	
Retirement from Rly. Service  I / We hereby apply for payment of Rs. 10,000/- (Rupees Ten Thousand only) to me / us from	(b) Date of Birth	
Crossed Cheque from Head Office of the Society/ Branch of the Society :	Branch of the Society:	
) By Transfer through NEFT to my	) By Transfer through NEFT to my	not belone in a
Bank A/c No on (S.D. A/c) (Bank Name)	Bank A/c No.	On(Pank Name)
	2.0	
at, IFSC No	at	, IFSC No

P.T.O.

I / We declare that a copy of the death certificate of the above deceased duly attessted by a Gazetted Officer / M.L.A. / Panchayet / Chairman or Commissioner of the Local Municipality is enclose? herewith.

Signature of LTI of the Claimant with date

(Signature & LTI to be ATTESTED by the Departmental Officer of S.E., S.E.C., & E.Co. Railways with seal under whom the deceased was working)

This is to certify that Sri/Smt	
is the widow / legal heir (s) of Late	who
was working as	in the Bill Unit No
Station P.F. A/c. No	Department
and died in harness on	
(Attested copy of Legal heirship	
certificate issued by Competent	
Authority must be furnished)	
	Signature of the Supervisor / Senior Subordinate under whom the deceased served last with seal and date
	Signature of the Controlling Officer

#### FOR OFFICIAL USE

Recommended for payment please

Director
S.E., S.E.C. & E.Co. Rlys. E.C.C.S. Ltd.
Branch

of the department with seal & date

## S.E., S.E.C. & E.CO. RLYS. EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.

### **LEGAL HEIRSHIP CERTIFICATE**

Heiress of la a) b)	The deceased has no	issue.				
		issue.				
b)	The deceased is not					
. 0)		The deceased is not survived by any children by any other wife.				
c)	The deceased at the time of death left behind the following:					
	Name in full	Relationship with deceased	l Age			
1.			nto tatt			
2.		. c diac	nd pi l			
3.						
4.						
5.						
6.						
That Smt / Si	i	is	s the natural guardian			
	children mentioned above.					
N.B. The	Major Sons & Daughters i.e the	se who have attained the age of 18 years will ha	ve to execute the Form			
No.	UB-24 for relinquishing their c	aims (if they so desire), in favour of their Mothe	r or Head of the family			
Smt	./Sri		te gradey			
t tymir		Signature				

<sup>★</sup> Strike out, which is not applicable.

# S.E., S.E.C. & E.Co. Railways Employees' Co-operative Credit Society Ltd. DISCHARGE RECEIPT

I hereby authorise and request the Chief Manager S.E., S.E.C & E.Co. Rlys. Employees' Co-operative Credit Society Lt				
Garden Reach, to pay the sum	of Rs.	Rupees	_	
in part/full payment/withdray	wal of my			
with him with interest / Divide	end thereon by cheque of	lrawn in his/their name(s) or in cas	sh.	
	ney is paid as stated		the said Society accept no further granted by the said person/Society	
The speciment signature of the	e agent is given below.			
WITNESS				
Signature	Professional Company of the Company	Signature		
Full Name		Full Name		
Designation		Designation		
Station	Date	Station	Data	

#### Specimen Signature of the Agent

Note: The Signature / L.T.I. of the person authorising and also that of the agent should be attested by any Gazetted Officer or by the President of the Gram Panchayat or Chairman of the Municipality.