

**Form - 425 (C)**

**FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE PROVIDENT FUND ACCOUNT OF A SUBSCRIBER TO BE USED BY THE NOMINEE OR ANY OTHER CLAIMANTS WHERE NO NOMINATION SUBSISTS.**

To,

**The Deputy General Manager,**  
U. P. POWER CORPORATION Ltd.,  
SHAKTI BHAWAN,14-ASHOK MARG,  
Lucknow.

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in the **EB/** Provident Fund Account of Late Sri.....The necessary particulars required in this section are given below.

- (1) Name of the Servant -
- (2) Date of Birth -
- (3) Post held by the Servant -
- (4) Proof of death in the form of a death certificate by the Municipal Authorities etc., if available Enclosed.
- (5) Date of Death
- (6) Provident fund Account No. EB\ allotted to the subscriber.
- (7) Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known.
- (8) Details of the nominees alive on the date of death of the subscriber, if a nomination subsists.

Name of the nominee & Relationship with the subscriber, share of the nominee :-

- 1.
- 2.
- 3.
- (9) In case the nomination is in favour of a person other than a member of the family, the details of the family if the subscriber subsequently acquired a family.

Name – Relationship with the subscriber age on the date of death.

- 1.
- 2.
- 3.
- (10) In case of nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In case of a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

Name – Relationship with the subscriber as on the date of death; -

- 1.
- 2.
- 3.
- (11) In the case of amount due to a minor child whose mother (widow of the subscriber) is not Hindu, the claim should be supported by Indemnity bond or Guardianship certificate as the case may be.

- (12) If the subscriber has left no family and no nomination subsists, the names of persons to whom the Provident Funds money is payable (to be supported by letters of probate or succession certificate etc.,)

Name – Relationship with subscriber	Address.
1.	
2.	
3.	

- (13) Religion of the claimants

- (14) The payment is desired through the office of the \_\_\_\_\_ (through the Treasury/sub-treasury. In this connection the following documents (duly attested by a Gazetted Officer in the service/ Magistrate etc.) are attached.

- (i) Personal mark of identification.
- (ii) Left / Right hand thumb and finger impressions (in case of illiterate claimants).
- (iii) Specimen signatures in duplicate. (in the case literate claimants).

Station :-

Date:

Yours' faithfully,

(Signature of claimant)  
Full name and address.

**This applies only when payment is not desired through the Head of Office.**

( FOR USE OF HEAD OF OFFICE \ DEPARTMENT)

Forwarded to the Deputy General Manager, U. P. Power Corporation Ltd., Shakti Bhawan, Lucknow for necessary action

The particulars furnished above have been duly verified.

(2) The provident fund account No EB\ \_\_\_\_\_ of Late \_\_\_\_\_ as verified from the annual statement furnished to him \ her.

(3) He/she died on \_\_\_\_\_ a death certificate issued by the Municipal authorities has been produced is not required in this case asz thered is no doubt about his / her death.

(4) The last deduction was made from his / her \_\_\_\_\_ pay for the month of \_\_\_\_\_ drawn in this office bill No. \_\_\_\_\_ date \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)Cash Voucher No. \_\_\_\_\_ dated \_\_\_\_\_ UPSEB the amount of deduction being Rs. \_\_\_\_\_

And recovery on account of refund of advance Rs. \_\_\_\_\_ (5) Certified that he \ she was neiether sanctioned any temporary advance nor any final withdrawal from his \ her Provident fund account during the 12 months immediately preceeding the date of his \ her death.

Or

Certified that the following temprary advance \ final withdrawal were sanctioned to him \ her and drawn from his \ her Provident Fund Account during the last 5 years immediately preceeding the date of his \ her death.

Amount of Advance\ withdrawal	Date and place of Encashment	Voucher No.
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- 1.
- 2.

6. Certified that no amount was withdrawn \ the following amounts were withdrawn from his \ her Provident Fund Account during the last 5 years immediately preceding the date on his \ her new policy.

Policy No.	And Name of Company	Amount	Date
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- 1.
- 2.
- 3.

- (7) He \ She had not opted for the continued retention of his \ her Provident fund money in terms of Vitta Vibhag Office Memorandum No. G-2-2445/X-511-1958 dated January 16, 1960.

or

He \ She had opted for the continued retention of his \ her Provident fund money in terms of Vitta Vibhag Office Memorandum No. G-2-2445/X-511-1958 dated January 16, 1960. and his \ her option was forwarded vide this office letter No. \_\_\_\_\_ Dated \_\_\_\_\_ is attached.

The other particulars required in this connection are given as under:-

- i) Date of retirement from Board's \ Corporations services.
  - ii) Amount at the credit of the subscriber on the date of retirement.
  - iii) Account finally withdrawn after retirement, if any
- (8) (I) Certified that the application was received in my office on \_\_\_\_\_ which was within six month from the date when the amount become actually payable but the delay in submission of the application was beyond the control of the applicant.

Or

(II) Certified that the application was received in my office on \_\_\_\_\_ which was after six month from the date, when the amount become actually payable but the delay in submission of the application was beyond the control of the applicant.

Signatures of the head of the office\  
Department  
Seal of the office