## APPLICATION FOR BENEFIT UNDER THE DEATH-CUM-ACCIDENT-CUM RETIREMENT BENEFIT SCHEME OF STATE BANKS' STAFF UNION (KERALA CIRCLE)

To,

Place..... Date .....

The General Secretary State Banks' Staff Union (KC) State Bank of India Local Head Office Poojappura Thiruvananthapuram-695 012

Dear Sir,

I/We, the undersigned am/are the dependent(s) of the deceased Sri./Smt.....of .....Branch/Department who died on .....and who was a member of your Union. I/We furnish below the particulars of my/our relationship to the deceased in support of which I/we forward herewith a Legal Heirship Certificate and the relevant certificate of death.

Name : Age : Relationship :

On account of the sudden death of Sri./Smt......I/We/am/are finding it extremely difficult to maintain myself/ourselves and hence I/We request that the benefit which the Central Committee may decide considering the circumstances of my/our case may be granted under the auspices of the Death cum Accident cum Retirement Benefit Scheme of your Union.

Recommendations of the

Unit Secretary / AGS/DGS

Yours faithfully

Signature(s) Address

Signature of the Unit Secretary	Unit Secretary
Asst. General Secretary Zone No.	
Dy. General Secretary	Sub-Office

## (RUPEES HUNDRED STAMP VALUE)

## LETTER OF INDEMNITY IN RESPECT OF PAYMENT OF DEATH BENEFIT UNDER THE DARB SCHEME OF STATE BANKS' STAFF UNION (KERALA CIRCLE) WITHOUT PRODUCTION OF LETTERS OF ADMINISTRATION OF A SUCCESSION CERTIFICATE.

To,

Place..... Date .....

The General Secretary State Banks' Staff Union (KC) State Bank of India Local Head Office Poojappura Thiruvananthapuram-695 012

Signed and Delivered by the above named
Smt (heir of the deceased)
Signed and Delivered by the above named
Sri
Sri(SURETIES)

WITNESS: 01.

02.

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Signature Name: Affix Re.1/revenue stamp

Address:

Place:..... Date..... Witnesses with address

01.

02.