

# DOCUMENT SET

## FOR

### FAMILY PENSIONERS

#### General Instruction

- It is in the interest of the family pensioner to provide E-mail ID and Mobile number, which facilitates future correspondence.
- Attestation of photographs to be done by Bank Officers of our bank not below the rank of Scale II or Govt. Gazetted officers
- Any change in address/Contact No/E-mail ID should be notified to Terminal Benefits Department HRD CHQ.
- The form is to be filled legibly and preferably in black ink.
- Full 16 digit account number be written wherever required in document
- Incomplete forms will not be accepted
- Following set of documents whichever applicable is to be provided:
  1. Two specimen signatures of the applicant duly attested
  2. Three copies of passport size photograph duly attested
  3. Photo ID proof of applicant – Passport / Adhaar / Election Card
  4. Death Certificate of deceased employee
  5. Non Remarriage certificate in case of widow/widower.
  6. Two slips bearing left hand of thumb & fingers impression duly attested
  7. Certificate (s) of age showing date of birth of children
  8. Where the claim is made by the minor child through guardian a guardianship certificate issued by Court of Law should be furnished.

# APPLICATION FORM FOR FAMILY PENSION

(Under the Family Pension Scheme of Bank Employees)

SPACE FOR AFFIXING  
ATTESTED PASSPORT SIZE  
PHOTOGRAPH OF FAMILY  
PENSIONER TO BE ATTESTED  
BY BANK OFFICER OF OUR  
BANK NOT BELOW RANK OF  
SCALE II OR GOVT GAZETTED  
OFFICER

1. Name of the applicant \_\_\_\_\_

2. Status of applicant: Widow / Widower / Guardian if the deceased is survived by minor child  
(Strike out whichever is not applicable)

3. Name & Age of the surviving widow / widower and children of the deceased as per below mentioned details:

| S.NO | NAME | RELATIONSHIP WITH DECEASED PERSON | DATE OF BIRTH |
|------|------|-----------------------------------|---------------|
|      |      |                                   |               |
|      |      |                                   |               |
|      |      |                                   |               |
|      |      |                                   |               |
|      |      |                                   |               |

4. Name of the Deceased Employee \_\_\_\_\_

5. Code No / PPO No of the Deceased Employee \_\_\_\_\_

6. Last Place of Posting \_\_\_\_\_

7. Date of Death of the Employee \_\_\_\_\_

8. If the applicant is Guardian:

a) Date of birth \_\_\_\_\_

b) Relationship with deceased \_\_\_\_\_

9. Permanent Address of the applicant:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Present Address of the applicant:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Adhaar No:\_\_\_\_\_

12. Contact No\_\_\_\_\_

13. Email:\_\_\_\_\_

14. Name of the B/U at which payment is desired\_\_\_\_\_

15. Account No (16 Digit):\_\_\_\_\_

16. Applicants Signature \_\_\_\_\_

17. Attested by:

(Attestation should be done by two Bank Officers where one is to be done by Branch Head where family pensioner is maintaining the account)

| <b>S.NO</b> | <b>NAME WITH CODE NO:</b> | <b>FULL ADDRESS</b> | <b>SIGNATURE</b> |
|-------------|---------------------------|---------------------|------------------|
| 01          |                           |                     |                  |
| 02          |                           |                     |                  |

18. Witnessed by:

| <b>S.NO</b> | <b>NAME</b> | <b>ADDRESS</b> | <b>SIGNATURE</b> |
|-------------|-------------|----------------|------------------|
| 01          |             |                |                  |
| 02          |             |                |                  |

LETTER OF UNDERTAKING

To  
The Trustees,  
The Jammu & Kashmir Bank Employees Pension Fund Trust  
Corporate Headquarters,  
M.A.Road, Srinagar.

Dear Sir,

Payment of Family Pension (PPO No. \_\_\_\_\_ through your office)

In consideration of your bank having agreed at my request to make payment of Family Pension due to me every month along with the arrears of pension amount to which I am entitled, I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or pay any amount which may be credited either by mistake or for want of any information to my account in excess of the amount to which I am or would be entitled.

I further, hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the bank from and against any loss suffered or incurred by the bank in so crediting my Family Pension to my account under the J & K Bank Employees Pension Regulation Act, 1995 and to forthwith pay the same to the bank and also irrevocably authorize the bank to recover the amount due, by debit to my said account or any other account/deposits belonging to me in the possession of bank.

This declaration is made by me today the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

Yours faithfully,

Witness 1  
Signature \_\_\_\_\_

Witness 2  
Signature \_\_\_\_\_

Signature \_\_\_\_\_

1. Name \_\_\_\_\_

2. \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

R/O \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(To be printed on stamp paper as applicable & sworn before competent authority)