

FORM -2
[See Rule 31(3)]

Form of Application for Final Payment of Balance in the Provident Fund Account of a SUBSCRIBER to be user by the nominees/deemed nominees or any other claimants where no nomination subsists.

To,
The Principal Accountant General (A&E)
Assam, Guwahati.
(Through the Head of Office)

Sir,
It is requested that arrangement may kindly be made for the payment of the accumulation in theProvident Fund Account of Shri/Shrimati The necessary particulars required in this connection are given below: -

1. Name of the Government Servant.....
2. Date of birth.....
3. Post held by the Government servant at the time of death.....
4. Date of death.....
5. Proof of death in the form of a death certificate issued by the municipal authorities, etc. if available.....
6. Provident Fund Account No. allotted to the subscriber.....
7. Amount of Provident Fund money standing to the credit of the subscriber as per the latest annual Statement of GPF received from the Principal Accountant General, Assam, if available (Its attested true copy to be enclosed).....
8. Details of the nominees alive on the date of death of the subscriber, if a nomination/deemed nomination subsists.....

Name of the nominee	Relationship with the subscriber	Share of the nominee
(1).....
(2).....
(3).....
(4).....

9. In case no nomination/deemed nomination subsists, the details of the claimant(s), the claim being supported by the succession, certificate, granted by competent Civil Court.

Name	Relationship with the subscriber	Share of the claimant as per the succession certificate
(1).....
(2).....
(3).....
(4).....

10. Religion of the claimant(s).....
- *11. The payment is desired through the office of/through the
Treasury/Sub-treasury. In this connection the
 following documents duly attested by a Gazetted officer in service/Magistrate are
 attached.....
- (i) Personal marks of identification of the claimants.....
- (ii) Left/Right hand thumb or finger impressions (in the case of illiterate
 claimants).....

Yours faithfully,

Station..... (Signature of claimant)
 Dated..... (Full name and Address)

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

(FOR USE OF THE HEAD OF OFFICE/DEPARTMENT)

1. Forwarded to the Principal Accountant Generalfor
 necessary action.
2. The Provident Fund Account Number of
 Shri/Shrimati/Kumari.....(as verified from the
 annual statements furnished to him/her) is ASA/.....
3. He/She died on A death certificate issued by the
 Municipal authorities has been produced/is not required in this case as there is no
 doubt about his/her death.
4. The last Fund deduction was made from his/her pay for the month of
drawn in this office Bill
 No.....dated..... for
 Rs.....(Rupees.....) Cash
 Voucher No.....ofTreasury, the amount of
 deduction.....being
 Rs.....(Rupees.....) and recovery, on
 account of refund of advance of
 Rs.....(Rupees.....).
5. Certified that he/she was neither sanctioned any temporary advance nor any final
 withdrawal from his/her Provident Fund Account during the 12 months
 immediately preceding the date of his/her death.

OR

Certified that the following temporary advance/Final withdrawals were sanctioned to
 him/her and drawn from his/her Provident Fund account during the 12 months
 immediately preceding the date of his/her death.

Amount of advances/withdrawals	Date and place of encashment	Voucher number
(1)
(2)

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund account during the 12 months immediately preceding the date of his/her death for payment of insurance premia or for the purchase of a new policy.

Policy number and name of the company	Amount	Date	Voucher number
(1)	Rs.....(Rupees.....)
(2)	Rs..... (Rupees.....)
(3)	Rs..... (Rupees.....)

7. It is certified that No demand/following demands of Government is/are due for recovery.

(Signature of the Head of Office/Department)

Note- Certificate No. 7 to be furnished in the case ofContributory Provident Fund.