

**FORM 6(C)**

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

TO,  
The Accountant General  
Karnataka, Bangalore

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulation in the Karnataka General Provident 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
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 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)  
4)
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

- 1)  
2)
10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or of a daughter of a deceased son of the subscriber. married before the death of the subscriber, it should be stated against her name wither her husband was alive on the date of death of the subscriber.

Name                      Relationship with the subscriber                      Age on the date of death

- 1)  
2)  
3)  
4)
11. In the case of amount due to a minor child whose (widow of subscriber) is not a 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 Fund money is payable (to be supported by letters of probate or succession certificate, etc., )

**Name**                      **Relationship with the subscriber**                      **Address**

- 1)
- 2)
- 3)

13. Religion of the claimants

14. \*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
- ii) Left Right hand thumb and finger impression in the case of illiterate claimants)
- iii) Specimen signatures in duplicate (in the case of literate claimants)

Yours faithfully,

(Signature of claimant)

Station :

Dated :

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

**(FOR USE OF HEAD OF OFFICE / DEPARTMENT)**

1. Forwarded to the Accountant General for necessary action. The particulars furnished above have been duly verified.
2. The Provident Fund Account No ..... of Sri/Smt/Kumari .....(as verified from the Annual statement furnished and desired through the Head of Office)
3. He /She died on ..... A death certificate issued by the Municipal authorities has been produced is not required in the case as there is no doubt about his/ her death.
4. The last final deduction was made from him/her pay for the month of drawn in the Office Bill No ..... Dated for Rs. .... Rupees), Cash Voucher No ..... of ..... Treasury, the amount of deduction being Rs ..... and recovery on account of refund of advance Rs. ....
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 proceeding the date of his/her death.

OR

Certified that the following temporary advances/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.

<b>Amount of advance withdrawn</b>	<b>Date of and place of encashment</b>	<b>Voucher No.</b>
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1.

2.

6. Certified that no amount was withdrawn / the following amount were withdrawn from his/her provident fund Account during the 12 months immediately proceeding the date of his/her death for payment of insurance premia or for purchase of new policy.

<b>Policy No. and Name of the company</b>	<b>Amount</b>	<b>Date</b>	<b>Voucher No.</b>
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1)

2)

3)

7. He/She had not opted for the continued retention of his/her provident fund money in the fund in terms of the Official Memorandum no. FD 25 SPF 58, dated 15th December 1958, as extended from time to time.

OR

He/She had opted for the continued retention of his/her provident fund money in the fund in terms of the Official Memorandum No. FD 25 SPF 58, dated 15th December 1958 as extended from time to time and his/her option was forwarded vide this Office Letter no ..... dated ..... is attached. The other particulars required in this connection are given below

- i) Date of retirement from Government service.
- ii) Amount at the credit of the subscriber on the date of retirement
- iii) Amount finally withdrawn after retirement if any

8. It is certified that no demands following demands of Government are due for recovery.

**Signature of the Head of Office-Department**

**Note.** Certificate no. 8 to be furnished in the case of a contributory Provident Fund Only.