

ANNEXURE-I

The Chairman
Arunachal Pradesh Rural bank
Head office Naharlagun

Date: _____

Sir/Madam,

PAYMENT OF TERMINAL BENEFITS:
PENSION/GRATUITY/LEAVE ENCASHMENT

I regret to inform you that my husband/father/Late _____
Expired on _____ (death certificate enclosed). I shall be glad if an appropriate
terminal benefits are paid to me at an early date.

In this connection, I enclose herewith the details of succession certificate issued by the
appropriate authority. I am willing to draw my pension/family pension through SBI/Arunachal
Pradesh Rural bank _____ Branch/or any other banks as furnished below.

My permanent address:

Name of Bank : _____
Branch : _____
SB A/C No : _____
(With pass book Xerox copy)
IFSC Code : _____
Contact No : _____
Alternative contact No. _____

yours faithfully,

(Signature)

Name : _____

W/O Late: _____

Place : _____

Signature of Shri/Smti _____ is verified.

(Branch Seal) Branch

ANNEXURE-II

The Chairman
Arunachal Pradesh Rural bank
Head office Naharlagun

Date: _____

Sir/Madam,

DETAILS OF LOAN AND ADVANCES

I regret to inform you that my husband/father/Late _____
Expired on _____.

Following are his/her liabilities towards the Arunachal Pradesh Rural bank as on his expired:

SL NO	TYPE OF LOAN	ACCOUNT NO	BRANCH(CODE)	OUTSTANDING
1				
2				
3				
4				
5				

I proposed to liquidate the above loans/advances availed by my wife/husband late _____ from his/her terminal benefits/own sources/to continue from the family pension amounts.

Yours faithfully,

(Signature)

Name : _____

W/O, S/O, H/O: _____

Place : _____

ANNEXURE-III

FAMILY PARTICULARS

1. Name of deceased wife/husband (in full): _____

Date of Birth : _____

Occupation : _____

2. Numbers of dependent children: _____

(Un-married daughter etc) : _____

SL NO		DATE OF BIRTH	OCCUPATION

3. Permanent address:

4. Recent passport size photograph to be pasted:

(Signature)

Name : _____

ANNEXURE-IV

ARUNACHAL PRADESH RURAL BANK EMPLOYEE'S PENSION FUND
FAMILY PENSION
DECLARATION OF FAMILY MEMBERS

Name of Bank: APRB, Branch _____ Code _____ Circle: _____
Name of deceased employee: _____ P.F.Index Number _____
Designation/Grade _____
Permanent address: _____

Employee of _____
Date of Birth: _____ Date of appointment in the bank _____
Date of confirmation: _____
Date from which counts for pension/family pension _____

Details of family members:

SL NO	NAME OF THE FAMILY MEMEBRS	DATE OF BIRTH	RELATIONSHIP	REMARKS
1				
2				
3				
4				

I declare that the above particulars of my family members are correct .I hereby undertake to keep the above particulars update by notifying to the Head Office/Branch Managers of any change that may occur hereafter.

Date: _____

Signature of deceased wife/husband employee

Name: _____

Permanent address:

Signature of witness:

Name : _____

Occupation : _____

Address : _____

ANNEXURE-V

The Trustees,
Arunachal Pradesh Rural Bank
Employees' Pension Fund
Head office Naharlagun

Date: _____

Gentlemen,

1. My husband/wife Shri/Mr/_____ had expired on _____
(Death certificate enclosed).

I shall therefore, be glad, if you will please arrange to pay me an appropriate pension/family pension admissible under the Rules of APRB (Employees) Pension Regulation, 2018 from _____. I would like to draw my pension through APRB/SBI _____ Branch/or through any other bank furnished herewith.

Name of Bank : _____
Branch : _____
SB A/C No : _____
(With pass book Xerox copy)
IFSC Code : _____
Contact No : _____
Alternative contact No. _____

yours faithfully,

(Signature)

Name : _____

W/O Late: _____

Signature of Shri/Smti _____ is verified.

_____ Branch
(Branch Seal)

ANNEXURE-VI

The Trustees,
Arunachal Pradesh Rural bank
Head office: Naharlagun

Date: _____

Through the Branch Manager
_____ Branch

Gentlemen,

APPLICATION FOR REFUND OF E.P.F. BALANCE ON SETTLEMENT

I beg to advise that my husband Shri/Mr/ _____ had expired
on _____.

02. I shall feel oblige if you kindly arrange to refund me the balance amount standing at the
credit of E.P.F of my late husband/wife at an early date through (Bank's name)

_____ Branch _____

IFSC Code _____

Yours faithfully,

(Signature)

Name : _____

Verified

Branch Manager/Chief Manager

_____ **Branch**

(Seal)

Check list

ANNEXURE-I TO VI	ORIGINAL COPY
LIFE CERTIFICATE FROM BRANCH MANAGER	ORIGINAL COPY
SUCCESSION CIRTIFICATE	XEROX (SELF ATTESTEd –Not mandatory
AADHAR CARD	XEROX (SELF ATTESTED)
PAN CARD	XEROX (SELF ATTESTED)
PASSPORT SIZE PHOTOGRAPH	3 NOS.
PLAIN APPLICATION CLAIMING TERMINAL BENEFITS	ORIGINAL COPY