APGVB (EMPLOYEES') PROVIDENT FUND TRUST

Claim form for Provident Fund refunded by EPFO

FORM-E

To,		Place:			
The Trustees,		Date:			
AP	GVB (Employees') Provident Fund Trust.				
				mily member (strike off	
wni	chever is not applicable) hereby claim final sett	dement of Provident Fund a	amou	int retunded by EPFO.	
	Primary details:				
1	Name of the applicant				
2	Name of the Staff member				
3	Relationship with the Staff member (Self/Family member-with relationship)				
В. Г	Particulars of the Staff member:				
1	ID No & PF No	ID No.	F	PF No.	
2	Date of Birth (DD/MM/YYYY)		•		
3	Date of joining in the Bank (DD/MM/YYYY)				
4	Date of Exit(DD/MM/YYYY)				
5	Reason for Exit from service (Superannuation /Voluntarily retirement/Deceased/Other)				
C. Particulars of the applicant:					
1	SB Account No (APGV Bank)				
2	Name of the Branch & Branch code				
3	Aadhar & PAN				
4	Mobile No & Email ID				
I Sri/Smt hereby certify that the above mentioned particulars are true to the best of my knowledge.					
		outation of final cottlement	ama	unt but is refunded by the	
• I understand that the Bank has no role in computation of final settlement amount but is refunded by the bank as received from the EPFO.					
	also understand that in case excess amount be remitted back without any demure on receip				
	,	·	, <u>D</u> a		
Pie	ase make payment to the above mentioned bar	nk account.			
Υοι	irs faithfully,				
(Sig	(Signature of the applicant)				

Encl: Copy of Aadhar & PAN (Self attested).

In case of death claim, a) Death Certificate b) Legal heir certificate/Family Member Certificate c) Letter of Disclaimer.