

**Application for final closure of General Provident Fund Account**

- 1 Name of the subscriber :
- 2 Designation :
- 3 GPF No. :
- 4 Date of Birth :
- 5 Office to which attached :
- 6 Residential address after retirement :
- 7 Event necessitating closure of account :
  - A) Retirement :
  - B) Resignation / Voluntary retirement :
  - C) Dismissal / Removal :
    - i) Have you preferred an appeal :
    - ii) If yes, date of its disposal / withdrawal :
    - iii) If no, date of expiry of appeal time :
    - iv) If no, appeal has been preferred, give an undertaking that no appeal will be prepared in future :
  - D) Death :
    - i) Has the subscriber filed any nomination :
    - ii) If no, or if the nomination has :

been rendered null and void who are the surviving family members on the date of death of the subscriber

iii) Did the nominee die after the subscriber but before receiving payment :

iv) If there is nomination and if the subscriber has left no family to whom should the money be paid :

E) Transfer of balance

i) Date of absorption :

ii) Is absorption on permanent basis :

iii) If absorption without break in service :

iv) If no, to (iii) is break limited to the joining time allowed on transfer :

v) Is the absorption with the approval of the State Government :

vi) Accounts officer to whom the balance is to be transferred :

8 Details of Insurance policy financed from General Provident Fund :

9 Name and Address of offices served during last three years :

10 Particulars of last fund deduction :

a) Pay for the month (2/20050) :

b) Subscription :

c) Recovery / Refund :

- d)Gross amount of the bill :
- e)Net amount of the bill :
- f)Date of encashment :
- g)Place of Payment :
- i)Head of account :
- j) Voucher Number :
- 11 Details of advances / withdrawals in the last 12 months prior to stoppage of subscription to *General Provident Fund* :
  - a)Temporary advance :
  - b) Partfinal withdrawal (90%) :
  - c) Date and Place of payment :
  - d)Voucher number :
- 12 Religion of the subscriber :
- 13 Office / Treasury / Sub-treasury at which *General Provident Fund* payment is desired :
- 14 If you are a self drawing officer or you desire payment outside the place of last duty enclose the following :
  - i) Personal marks of identification :
  - ii) Specimen signature of left/right hand thumb and finger impression :

I hereby undertake to refund any excess payment arising out of clerical errors in the settlement of *General Provident Fund* claims.

Chennai-

Signature of the Claimant

Date:

FOR USE OF HEAD OF OFFICE

CERTIFIED that all the particulars furnished above have been fully verified with reference to office records and are found correct.

CERTIFIED that no advance / withdrawals from *General Provident Fund* was granted during the last 12 months except those detailed in item 11 of above.

Signature of the Head of Office

Station:

Date: