

COAL, MINES PROVIDENT FUND DEPOSIT INSURANCE SCHEME

Application form for assurance benefit under Coal Mines Deposit Linked Insurance Scheme
PART-I (to be completed by claimant)

1. Name of the member of C.M.P.F.
2. C.M.P.F. Account No.
3. Name of the colliery where the C.M.P.F. Member was working with full address.
4. Permanent address of the member.
5. Date of death of the member.
6. Name of the claimant for the amount of assurance benefits and his / her relationship with deceased member.
7. Permanent address of the claimant.
8. Address for correspondence of the claimant.
9. a) Name and address of the bank where the claimant has S.B. Account in which the amount of Assurance Benefit may be deposited.
b) Saving Bank Account No.
10. Advance stamped receipt is appended at Part-III.

Certified that Shri/Smt. _____

son/daughter of late _____ has been identified

before me by _____

full address _____

_____ whom I know personally for the last ____ years

who has put his signature / affixed his L.T.I. as below in my presence.

Signature of L.T.I. of claimant
status
(R.T.I. for female claimant)

Signature with designation
of Colliery Manager/Authorised Officer
address with official seal