Form G

[See Rule 24(3)]

Application for closure of the Contributory Provident Fund (Kerala Headload Workers Welfare Board Employees) Account

:

2. Designation (specify whether self drawing Officer or not) 3. Office from which he quitted service : Provident Fund Account Number allotted to him by the 4. Finance Officer Date of his quitting service (also specify whether he quitted service by retirement, discharge, dismissal or death) the amount of last fund deduction 6. (a) (I) Subscription (II) Refund of Advance Number and date of the Officer Voucher/bill in which the last Provident Fund deduction was made Net amount of the bill (d) Date of encashment of the bill 7. Whether advance/non-refundable: any temporary sanctioned withdrawal was from his Contributory Provident Fund (Kerala Headload Workers Welfare Board Employees) Account during the 12 months immediately preceding the date of his quitting service or therafter and if so, furnish the details thereof (The amount of advance/with drawl sanctioned, the No. and date of sanction of the advance/withdrawal, etc., should be indicated against this column: Whether any temporary advance/non-refundable: withdrawal was sanctioned from his Provident Fund Account during the 12 months immediately preceding the date of his quitting service for payment of Insurance premia or purchasing a new policy and if so, the details thereof Particulars of Life Insurance Policies financed by him from : Provident Fund money which are to be released (Policy Number, date of purchase of the policy and the sum assured in respect of each policy should be indicated against this column

1.

Name of subscriber

- 10. Whether personal marks of identification left hand thump: and finger impressions and specimen signature, in duplicate duty attested by a Gazetted Officer of the State Government have been furnished.
- 11. Name of the Office through which a payment is to be made :
- 12. In the case of death of a subscriber before making final : payment of the amount.
 - (a) is proof of death, in the form of a death certificate issued : by the Registrar of Births & Death, available? (proof of death to be insisted upon in the case of doubt on only)
 - (b) Whether a valid nomination executed by the subscriber in accordance with the rules exists and if so furnish the age (s) and name (s) of the nominee (s) and his/her/their relationship to the subscriber.
 - (c) Whether in the case of a subscriber who sent his : nomination while unmarried he had acquired a family after the submission of the nomination.
 - (d) In the absence of a valid nomination, furnish a list of the members of the subscriber's family as defined in the Contributory Provident Fund (Kerala Headload Workers Welfare Board Employees) Rules surviving on the date of the death of the subscriber to whom the Provident Fund money is payable together with their names, age (s) and respective relationship to the subscriber (in the case of daughter (s), indicate whether she/they/is are married or unmarried, and if married, whether her/their/husband (s) is/are alive).
 - (e) In the absence of a valid nomination and in case where no member of the family or the subscriber as defined in the rules survives, furnish the names (s) of the person (s) to whom the Provident Fund money is payable (to be supported by letters of probate or succession certificate etc.)
- 13. If the subscriber had opted for continued retention of his : Provident Fund money in the Fund, give information on the following;
 - (a) Date of retirement of the employee Board from service
 - (b) Amount at the credit of the subscriber in the Fund on the : date of his retirement
 - (c) Amount finally withdrawn after retirement,; if any

Station Date Signature of the subscriber/Claimant With full address.

CERTIFICATE BY HEAD OF OFFICE

1. It is certified after due verification with reference to the records available in my Office that the above subscriber has retired/proceeded on leave preparatory to retirement for
2. It is also certified after due verification with reference to the records available in my office that no temporary advance/non-refundable withdrawal was sanctioned to the subscriber from his Provident Fund Account during the 12 months immediately preceding the date of his quitting service/proceeding on leave preparatory to retirement or thereafter.
OR
It is certified after due verification with reference to the records available in my Office that the following temporary advance/non-refundable withdrawals were sanctioned to and the amounts drawn by the subscriber from his Provident Fund Account Number
Amount of temporary Advance non-refundable withdrawal Date Voucher No.
3. It is further certified that he has not opted for the continued retention of his Provident Fund money in the Fund.
OR
It is further certified that he has opted for the continued retention of Provident Fund money in the Fund and his option has been forwarded – Vide this Office letter No Dated attached.
4. It is certified that the following demands of the Board/Committee for the period prior to
1
2
Station:
Date : Signature of Head of Office
*Para 10 applies only when payment is desired at an Officer other than the one where the subscribe last

served, otherwise it may be struck out.

^{**}In case of resignation, a certificate on the following lines should be furnished as certificate No. 5:-

[&]quot;Certified that he has not resigned from Board's service to take up appointment in another department of the State Government or under the Central Government or under any other State Government or under a body corporate owned or controlled by Government or an autonomous organisation, registered under the Societies Registration Act, 1860".