(Annexure - B)

**APPLICATION FOR GRANT OF FAMILY PENSION**

The Trustees,

**Bank of Baroda Pension Fund**, Vadodara.

Dear Sirs,

(forwarded through Branch/Department)

**Re: Application for grant of Family Pension.**

I wish to inform you that Shri/Smt. who was

drawing a pension *vide* Pension Pay Order No. now, E.C. No.

died on date and being the spouse /family member of the deceased, I request for sanction and release of Family Pension.

I submit the details for your necessary action.

1. Name of the Pensioner :
2. Pension Pay Order No. : E. C. No. :
3. Name of the Applicant :
4. Date of Birth of the Applicant :
5. Relationship with the Pensioner :
6. Date of death of the Member :
7. Details of Branch from which pension was being drawn by the pensioner prior to his / her death :

|  |  |  |
| --- | --- | --- |
| Branch | Region | Zone |
|  |  |  |

1. If the applicant is minor, details of Guardian :

|  |  |  |
| --- | --- | --- |
| Name of Guardian | Date of Birth | Relationship with Minor/s |
|  |  |  |

1. Full Postal Address of the Applicant :

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---------------------------------------- PIN .

Tel. / Mobile No.

Email ID (If, available)

1. Details of Branch through which pension is intended to be drawn :

|  |  |  |
| --- | --- | --- |
| Branch | Region | Zone |
|  |  |  |

1. Account Number and type of Account :

Yours faithfully,

APPLICANT’S SIGNATURE

Date :

Witness of TWO STAFF Members of the Bank:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Name | Designation | Branch/Office | Signature |
|  |  |  |  |  |
|  |  |  |  |  |

Encl. :

1. Copy of PPO.
2. Original Death Certificate of deceased pensioner.
3. I D Proof (Copy of PAN / Aadhar / Voter ID Card) or any other valid document.
4. Address Proof (Copy of Electricity / Gas / D L) or any other valid document.
5. Copy of Bank Passbook of Applicant.
6. Photographs (3 Copies)

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CERTIFIED THAT THE PARTICULARS AS DECLARED ABOVE BY THE FAMILY PENSIONER HAVE BEEN VERIFIED AND FOUND TO BE CORRECT AS PER BRANCH / DEPARTMENT RECORDS

NAME OF BRANCH MANAGER /DEPARTMENT HEAD

DATE: SIGNATURE WITH RUBBER STAMP

BRANCH MANAGER/DEPARTMENT HEAD

vbra/docs/kvn