

- I undertake that I will immediately inform to the Bank in case of any change in the status of dependents as detailed above.
- I also undertake that for payment of premium, I irrevocably authorize the Bank to debit premium amount from my account number-

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During current year and also in subsequent renewals in coming years.

- In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later.

Declare and undertaken by:

Signature

Name of applicant-

EC No/PF No.-

Retired from Region;-

Designation at the time of retirement:-

.....

(Certificate by the reporting authority)

- I hereby certify that the above information submitted by Mr/Ms.....
 (Retired staff name)..... EC No/PF No. or by spouse
 Of the referred deceased/retired staff (Name
) are true to the best of my knowledge and belief.
- The account provided above belongs to him/her and signature have been checked and verified from Records.

Signature and Seal
 Regional Manager/In charge/BM
 Office/Branch-
 Region-