

Form V

(See clause 11 (2) of SSY (R & R), 2017)

CLAIM FORM FOR ASSISTANCE UNDER SAMAJIK SURAKSHA YOJANA, 2017

Claim Application No. SSY/

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To
The Registering Authority,
Samajik Suraksha Yojana.

Sir,

1.* I Sri / Smt. Regn. No.

Or

2.* I Sri / Smt. Nominee of Late
..... Regn. No. residing at
..... engaged in do hereby submit
my claim for assistance under the scheme for Rs.
(Rupees) as detailed below.

3.* I am / Late (strike out whichever is not
applicable) is / was also registered under WBBOW Scheme / WBTWSSS / erstwhile
SASPFUW and the Registration No. is

4. My Bank A/C No. of Branch,
..... Bank, IFS Code of bank branch is
(Copy of 1st page of bank pass book to be attached)

*strike out whichever is not applicable

(Signature of the beneficiary / Nominee)

Sl. No.	Benefit Type	Amount in Rs.
1.	Claim for benefit under Provident Fund (see clause 8.1.3 & clause 8.1.8)	
a	Name of the beneficiary:	
b	Registration No. Under erstwhile SASPFUW, if any :	
c	Type of claim* : Premature Closure / Final Payment	
d	Relationship with deceased beneficiary*:	
e	Date of death:	
Document to be submitted : In case of final payment the passbook under erstwhile SASPFUW / SSY to be submitted in original.		

*strike out whichever is not applicable

An application is received from Sri / Smt.
SSY Registration No. for claim of benefit under
Samajik Suraksha Yojana amounting of Rs