



FORM OF APPLICATION FOR THE GRANT OF FAMILY
PENSION ON DEATH OF AN EMPLOYEE/PENSIONER

Passport
size
Photograph

1. Name of the applicant
2. Relationship with the deceased
employee/pensioner
3. Name and age of surviving widow/widower
and children of the deceased employee/pensioner

S.No	Name of the Member of the family	Date of Birth	Relationship to the Employee	Remarks
1.				
2.				
3.				
4.				
5.				
6.				

4. Name and Employee Number of the deceased
employee/pensioner
5. P.P.O.No. if any
6. Full address of the applicant
7. If the applicant is the guardian of the minor
beneficiary, the date of birth of the minor and
relationship with the deceased employee/pensioner
8. Enclosures to be sent with the application
(see below)
9. Indicate whether family pension is
admissible from any other source
(Military or State Government and
or public sector undertaking/autonomous
body/local fund under the Central or

Service :
Basic Pension :
Period from :

Sanctioning
Authority

10. Name of the branch and SB account No
at which pension payment is desired

11. Signature or left hand thumb impression of the applicant :

12. Specimen signature of the applicant :

13. Attested by

NAME	ADDRESS	SIGNATURE
I		
II		

14. Witnesses

NAME	ADDRESS	SIGNATURE

Note: Attestation should be done by two officers of the Bank.

Enclosures:

1. Three copies of Passport size photographs of the applicant, out of which one should be pasted and attested on the application and the rest two photos should be sent along with the application Form.
2. Certificate(s) of age (in original with two attested copies showing the date of birth of the children.

(The certificate should be from the Municipal authorities or from the head of a recognised school, if the child is studying in such school. This information should be furnished in respect of such children or child, the particulars of whose date of birth are not available with the office)

* TO be furnished in case the applicant is not literate enough to sign his name.

ICICI BANK LIMITED,
CORPORATE OFFICE,
192, ANNA SALAI,
CHENNAI - 600 002.

LETTER OF UNDERTAKING
(TO BE OBTAINED FROM ALL THE PENSIONERS)

To,

Vice President,
ICICI Bank Limited,
H R Division,
192, Anna Salai,
CHENNAI - 600 002

Dear sir,

Payment of Pension Under PPO

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account with you I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to said account or any other account/ deposits belonging to me in the possession of the bank.

Yours faithfully,

(Signature)

Name :-

Address :-

WITNESSES :-

1. Signature :-
Name :-
Address :-

2. Signature :-
Name :-



LIFE CERTIFICATE

Certified that I have seen the Pensioner/Family Pensioner Sri. / Smt. -----

----- W / O -----

Pensioner / Family Pensioner holder of PPO NO. / FP. NO. ----- and

that he / she is alive on this date.

Signature of the Pensioner / Family Pensioner

Attested by :
(Signature of the Br.Head)

NAME :

NAME :

E.NO :

IDENTY NO :

PLACE :

E.NO. :

DATE :

DESIGNATION :

BRANCH :



CERTIFICATE ON NON-REMARRIAGE/ NON MARRIAGE

I hereby declare that I have not got remarried and I undertake to report such an event promptly to the bank.

(Applicable only for widow recipient of family pension and to be furnished only once)

OR

I hereby declare that I am not married / I have not got married during the past six months.

(To be submitted by widowers and unmarried daughters once in six months in May and November)

PLACE :

Signature of the Family Pensioner

DATE :

Name of the Family Pensioner
FPO NO:

I certify to the best of my knowledge and belief that the above declaration is correct.

(Signature of the Br.Head)

Seal :

NAME :

Date :

IDENTITY NO :

DESIGNATION :

BRANCH :