

**ARMY GROUP INSURANCE FUND****APPLICATION FORM :MATURITY****PART 1**

1. Army No	OR14661207K	2. Old Army No	OR14661207K
3. Rank	Hav	4. Name	SANJAY CHAND
5. Regt/Corps	EME	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	262308	8. Unit Address	c/o 56 APO
9. Fmn HQ	IHQ OF MOD	10. Permanent Home Address	BICHPURI, CHAKARPUR, US NAGAR, UK,
11. Civil Postal Address		12. Date of Enrollment	15-02-2003
13. Date of Birth	18-09-1982	14. Date of Retirement	15-02-2029
15. Total Service (In Years)	22	16. E-Mail	sanjaychand1809@gmail.com
17. Aadhaar No	1111-1111-1111	18. Pan No	AKQPC4200Q
19. Mob No	6005055381	20. Salary Account No	12345678910
21. IFSC Code	SBIN120041	22. Bank Branch	CHAKARPUR
23. Purpose of Withdrawal	Special Reason	24. Amount of Withdrawal Reqd.	800000
25. No of Withdrawals	First		



**26. Details of Existing Agif Loans:**

S/No & Type of Loan	Date of Loan taken	Duration of loan	Amount Taken
Conveyance Advance	01-01-2023	36	200000.00

**PART 2****27. For Special Reason (Warranting waiver from competent authority)**

(a) Other Reason XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**28. Certificate For Special Reason (Warranting waiver from competent authority \*)****\* Claim process will take time and is subject to approval of competent authority**

- (a) Certified that the particulars given are correct & the amount will be utilized for the purpose mentioned in application
- (b) I understand that , if I withdraw money from maturity amount , it will reduce my ultimate saving amount receivable at the time of retirement/release/discharge as Member Maturity Fund.
- (c) Following documents signed by me are attached with the application:-
- (I)  Cancelled cheque of salary acct.
- (II)  Latest Monthly Pay Slip.

(III) ✓ Expenditure details duly self attested.

(IV) ✓ Personal application endorsed by recommending authority.

(V) ✓ Unwilling cert for further promotion/extn of service duly signed by the indl and countersigned by CO/OC unit (Warning Order/Premature retirement letter).

(d) If the withdrawal is for second time, gaps after first withdrawal should be more than six months.

(e) I hereby declare that i have paid all my AGI subscriptions to AGIF on time upto the present date.

Verified by - Lt AGIF\_CO IP Address – ::1 Date Time – 18-07-2025 11:55

Date: 18-07-2025

OR14661207K

Hav SANJAY CHAND

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#### RECOMMENDATIONS AND COUNTERSIGNATURE

1. I certify that above MAWD application has been submitted by No **OR14661207K** Rank **Hav Name SANJAY CHAND** of my Unit **Army Group Insurance Fund**. I identify his signature on supporting documents as attested by him and certify them to be correct.

2. It's certified that I am the CO/OC Tps/Head of Adm Branch of No OR14661207K Rank Hav Name SANJAY CHAND. and I am authorised to countersign financial documents of this individual.

3. It is certified that Bank A/c No **12345678910** of Bank **STATE BANK OF INDIA** with IFSC **SBIN120041** as given in the application and cancelled cheque is of Salary account of OR14661207K Hav SANJAY CHAND

4. I have satisfied myself of the correctness of personal details and reasons for withdrawal given in application. I have perused the supporting documents and checked their correctness. Supporting documents uploaded are readable and latest.

Application is recommended for sanction and accordingly I countersign the same.

(Digital Signature of CO/OC Tps/Head of Adm Br)

OR14661207K

Hav SANJAY CHAND

Mobile ✓ 005055381

Digital Sign On: 18-07-2025 11:55