

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

1. Army No	IC562025X	2. Old Army No	IC562025X
3. Rank	Maj	4. Name	AMIT KUMAR
5. Regt/Corps	RAJ RIF	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	Delhi, Delhi, Delhi, Delhi, 111054
11. Civil Postal Address		12. Date of Enrollment	12-12-2001
13. Date of Birth	01-01-1982	14. Date of Retirement	01-01-2034
15. Total Service (In Years)	23	16. E-Mail	testing@gmail.com
17. Aadhaar No	1111-1111-1112	18. Pan No	AOFPA6284G
19. Mob No	6005055381	20. Salary Account No	11111111110
21. IFSC Code	SBIN0000076	22. Bank Branch	sdsdsd
23. Purpose of Withdrawal	Special Reason	24. Amount of Withdrawal Reqd.	5000000
25. No of Withdrawals	First		

PART 2**26. For Special Reason (Warranting waiver from competent authority)**

(a) Other Reason Startup my bussiness

27. 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.
- (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 AB SIngh IP Address – ::1 Date Time – 06-08-2025 10:53

Date: 06-08-2025

IC562025X

Maj AMIT KUMAR

This is an electronically generated PDF

RECOMMENDATIONS AND COUNTERSIGNATURE

1. I certify that above MAWD application has been submitted by No **IC562025X** Rank **Maj Name AMIT KUMAR** 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 IC562025X Rank Maj Name AMIT KUMAR. and I am authorised to countersign financial documents of this individual.
3. It is certified that Bank A/c No **1111111110** of Bank **Saddssdsd** with IFSC **SBIN0000076** as given in the application and cancelled cheque is of Salary account of IC562025X Maj AMIT KUMAR
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.