

ARMY GROUP INSURANCE FUND
APPLICATION FORM :MATURITY

PART 1





1. Army No	JC14661000K	2. Old Army No	OR11000000N
3. Rank	Nb Sub	4. Name	sdsfdsa
5. Regt/Corps	ARMD	6. Present Unit	Army Group Insurance Fund
7. Unit Pin Code	262308	8. Unit Address	c/o 56 APO
9. Fmn HQ	IHQ	10. Permanent Home Address	, , , ,
11. Civil Postal Address		12. Date of Enrollment	15-02-2000
13. Date of Birth	01-05-1982	14. Date of Retirement	15-02-2028
15. Total Service (In Years)	25	16. E-Mail	sanjay1809@gmail.com
17. Aadhaar No	1111-1111-1121	18. Pan No	AAAAA0000A
19. Mob No	8989989889	20. Salary Account No	
21. IFSC Code		22. Bank Branch	
23. Purpose of Withdrawal	Renovation-Repair of House	24. Amount of Withdrawal Reqd.	500000
25. No of Withdrawals	First		

PART 2

26. For Renovation/Repair of House

(a) Address of property	DELHI	(b) Name of property holder(s)	SANJAY
(e) Estimated cost of expenditure	800000		

27. Certificate

- (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)  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 AB Singh IP Address – ::1 Date Time – 01-08-2025 16:44

Date: 01-08-2025

JC14661000K

Nb Sub sdsfda

This is an electronically generated PDF

RECOMMENDATIONS AND COUNTERSIGNATURE

1. I certify that above MAWD application has been submitted by No **JC14661000K** Rank **Nb Sub Name sdsfda** 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 JC14661000K Rank Nb Sub Name sdsfda. and I am authorised to countersign financial documents of this individual.
3. It is certified that Bank A/c No of Bank with IFSC as given in the application and cancelled cheque is of Salary account of JC14661000K Nb Sub sdsfda
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)

IC123456A

Lt AB Singh

Mobile No: 9999999999

Digital Sign On: 01-08-2025 16:44



Dummy PDF file

Dummy PDF file

Dummy PDF file

Dummy PDF file