

FORM 10

(see sub-rule (1) of rule 20)

FORM OF APPLICATION FOR FINAL PAYMENT OF BALANCES IN THE PROVIDENT FUND ACCOUNT OF A SUBSCRIBER TO BE USED BY THE NOMINEES OR ANY OTHER CLAIMANTS WHERE NO NOMINATION SUBSISTS.

To.

THE ACCOUNTANT GENERAL,
KARNATAKA BANGALORE.
(Through the Head Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the Karnataka General Provident Fund Account of Shri/Smt The necessary particulars required in the connection are given below:-

1	Name of the Government servant	
2	Date of birth	
3	Post held by the Government servant	
4	Date of death	
5	Proof of death in the form of a death certificate issued by the municipal authorities, etc., if available.	
6	Provident Fund Account No. allotted to the subscriber	
7	Amount of Provident Fund money standing to the credit of the subscriber at the time of his death, if known	

8. Details of the nominees alive on the date of death of the subscriber if a nomination subsists.

Name of the nominee	Relationship with the subscriber	Share of the nominee
1.		
2.		
3.		
4.		

9. In case the nomination is in favour of a person other than a member of the family, the details of the family if the subscriber subsequent acquired a family.

Name	Relationship with the subscriber	Age as on in the date of death
1.		
2.		
3.		

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or of a daughter of a deceased son of the subscriber, married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

Name	Relationship with the subscriber	Share of the nominee
1.		
2.		
3.		

11. In the case of amount due to a minor Child whose mother (widow of subscriber) is not a Hindu, the claim should be supported by Indemnity Bond or (Guardianship Certificate), as the case may be.

12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the Provident Fund money is payable (to be supported by letters of probate or succession certificate, etc).

Name	Relationship with the subscriber	Address
1.		
2.		
3.		

13. Religion of the claimant (s).

14. *The payment is desired through the office ofthrough the
 . Treasury/Sub-Treasury. In this connection the following documents duly attested by a Gazetted Officer in service/Magistrate are attached.

- (i) Personal marks of identification.
- (ii) Left/Right hand thumb and finger impression (in the case of illiterate claimants).
- (iii) Specimen signatures in duplicate (in the case of literate claimants).

Station:

Yours faithfully,

Dated:

Signature of claimant
 (Full name and address)

* This applies only when payment is not desired through the Head Office.

2. **Amendment of Form-10:** - In the Karnataka General Provident Fund Rules, 2016, In Form-10, the following shall be inserted at the end namely:-

“(FOR USE OF HEAD OF OFFICE / DEPARTMENT)”

1. Forwarded to the Accountant General for necessary action.
The particulars furnished above have been duly verified.
2. The Provident Fund Account No..... of Shri/Smt./Kumari (as verified from the Annual statements furnished to him/her) is
3. He/She died on A death certificate issued by the Municipal authorities has been produced/is not required in this case as there is no doubt about his/her death.
4. The last final deduction was made from him/her pay for the month of drawn in this office Bill No..... dated for Rs..... (Rupees.....), cash voucher No..... of Treasury, the amount of deduction being Rs..... and recovery on account of refund of advance Rs.....
5. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her provident Fund Account during the twelve months immediately preceding the date of his/her death.

OR

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the twelve months immediately preceding the date of his/her death.

Amount of advances withdrawn	Date and place of encashment	Voucher No.
1)		
2)		

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her death for payment of insurance premium or for purchase of new policy.

Policy No. and Name of the company	Amount	Date	Voucher No.
1)			
2)			
3)			

7. He/She had not opted for the continued retention of his/her Provident Fund money in the fund in terms of the Official Memorandum no.FD 25 SPF 58, dated 15th December 1958, as extended from time to time.

OR

He/She had opted for the continued retention of his/her Provident Fund money in the fund in terms of the Official Memorandum No.FD 25 SPF 58, dated 15th December 1958 as extended from time to time and his/her option was forwarded vide this Office Letter No..... dated..... is attached. The other particulars required in this connection are given below,-

- i) Date of retirement from Government service.
- ii) Amount at the credit of the subscriber on the date of retirement.
- iii) Amount finally withdrawn after retirement, if any.

**Signature of the Head of Office
Department**