DECLARATION

	An advance payme	nt of F	Provider	nt Fund B	alance	e (in	my General	Provid	dent F	und Acco	ount
No)	has	been	agreed	to	be	authorised	in	my	favour,	l,
(Name	and Designation) h	ereby	declare	that I c	learly	unde	erstand that	the	payme	ent is str	ictly
provisi	onal and is subject to	revisio	n after t	the exact	amou	nt of I	palance of m	y Gen	eral Pr	ovident F	und
Accour	nt has been decided	upon a	and I ur	ndertake 1	that if	, upo	n such revis	ion, a	ny pa	yment of	the
Genera	al provident Fund bal	ance n	nade to	me has b	een ir	n exce	ess of the am	nount	event	ually deci	ided
upon, I	I shall replay all such	excess	paymer	nts by dec	ductio	n fron	n my Death-	Cum-F	Retirer	ment Grat	tuity
and/or	Pension. The particu	lars of	my Pens	sion Paym	ent O	rder a	ire given belo	ow:-			
	PPO Number	:									
	Date of Issue	:									
	Treasury	:									
	Amount of Pension	:									
Station	1				S	ignatı	ıre with full t	ime			
Date					a	ddres	s of the Sub	scribe	r		
Addres	ss and Occupation of t	the Wit	tnesses								
	(1)						Signature w	vith da	nte		
	(2)						Signature w	vith da	nte		

Note: - Witnesses should be Government Employees in Service