## **DECLARATION CUM AUTHORIZATION BY THE EX-EMPLOYEE**

To

The General Manager Karnataka Gramin Bank Head Office Ballari

## 1) Details of refund of Bank's Contribution to Provident Fund under Employees' Pension Scheme, 1995.

1	Name of the Ex-employee				
2	Staff Number				
3	Amount remitted by the Ex-employee				
4	Date of remittance	DD No. if any			
5	UTR Number				
6	Provident Fund Account No. of the Exemployee		Ex-		
7	Account details of Ex-employee				
8	Monthly PF Pension being received				
9	Date from which PF Pension receiving				
10	Reference No. of I	Pension Paym	ent		
	Order(PPO) issued by PF a	authorities			
Note: (Photo copy of PPO to be enclosed. If PPO is not available, certified photo					

**Note:** (Photo copy of PPO to be enclosed. If PPO is not available, certified photo copy of pass book where PF Pension (latest) is credited, shall be enclosed)

## 2) In the absence of SI No. 1,

Authorization to recover the Bank's Contribution to Provident Fund under Employees' Pension Scheme, 1995 from pension arrears/ Commutation (if eligible) payable to me:

I, (N	ame of the Ex-employee) was employed with Bank and
my PF account number is _	and Pension Payment Order
(PPO) No. is	. As I am unable to refund the amount of Bank's
Contribution to Provident Fun	d under Employees' Pension Scheme, 1995, I hereby
authorize Karnataka Gramir	Bank to recover the amount out of pension
arrears/Commutation (if eligibl	e) payable to me by the Bank as per Karnataka Gramin
Bank (Employees') Pension (A	mendment) Regulations, 2024.

<sup>\*(</sup>Either SI No.1 or 2 is applicable, Strike out whichever is not applicable)

I hereby undertake to refund the difference amount if any, immediately if found at a later date.
I also enclosed copy of Pension Payment Order issued by PF Authorities/Certified copy of pass sheet of the account.
Declaration: I hereby declare that, the information provided above is complete and accurate. I will be responsible for any consequences arising from any discrepancies in the data provided by me.
Further, by signing this letter, I Mr./Mrs release and indemnify the Karnataka Gramin Bank from any future claims, disputes or liabilities arising from the recovery of the said amount. I also confirm that the Bank is acting in accordance with relevant provisions of Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024.
Place:
Date:
Signature of the Ex-employee