

DECLARATION CUM AUTHORIZATION BY THE FAMILY OF EX-EMPLOYEE

To

The General Manager
Karnataka Gramin Bank
Head Office
Ballari

*(Either SI No.1 or 2 is applicable, Strike out whichever is not applicable)

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

1	Name of the Family of Ex-employee			
2	Name of the deceased Staff member & nature of relationship (in case(1) above is a dependent)			
3	Staff Number			
4	Amount remitted by the Family of Ex-employee			
5	Date of remittance	DD No. if any		
6	UTR Number			
7	Account details of family of Ex-employee			
7	Provident Fund Account No. of the retiree/deceased staff			
8	Monthly PF Pension being received			
9	Date from which PF Pension receiving			
10	Reference No. of Pension Payment Order(PPO) issued by PF authorities			
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 (if eligible) payable to me:

Mr/Mrs _____, (Name of the deceased employee) was employed with Bank and whose PF account number is _____ and Pension Payment Order (PPO) No. is _____. As I, _____ (Name of spouse of Deceased employee/Legal heir) is unable to refund the amount of Bank's Contribution to Provident Fund under Employees' Pension Scheme, 1995, I hereby authorize Karnataka Gramin Bank to recover the amount out of pension arrears

payable to me by the Bank as per Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024.

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.

Note: In case of legal heirs other than spouse, NOC from all other legal heirs of the family, along with a Genealogical tree needs to be attached authorizing the applicant to provide an authorization letter to the Bank for recovering the amount of pension arrears payable by the Bank as per Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024.

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.

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 Family of Ex-employee