THE EMPLOYEES' DEPOSIT-LINKED INSURANCE SCHEME, 1976

1. Particulars in respect of the deceased member

(a) Name of the Deceased member

(b) Father's Name (Husband's name in the case of married woman)

(c) Date of Death (dd/mm/yyyy)

(d) Name and Address of the Factory/Establishment where the member was last employed.

(e) Provident Fund Account No

Form 5IF

2. Details of the claimant/guardian.

(a) Name

(b) Date of Birth (dd/mm/yyyy)

(c) Relation with the deceased

If the claimant is a guardian, details of the minor nominee/heir

(d) Name of the minor

(e) Relationship of the guardian with minor

Claimant's Full Postal address (in block letters)
4. Mode of remittance:

Bank name and account number:

S.B. Account No. ........................................

Name of the Bank:

Name of the Branch:

Address of the Branch:

Please attach a copy of cancelled/blank cheque.

(Signature or Left/Right hand thumb impression of the claimant)

Advance Stamped Receipt

Received a sum of Rs. ................................ from Regional Provident Fund Commissioner/Officer-in-charge of sub Regional Office by deposit in my Saving Bank account towards the Employees’ Deposit Linked Insurance benefit.

*The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer-in-charge of S.R.O.*

Revenue Stamp

*Signature or Left/Right hand thumb impression of the claimant*
**Certificate**

1. Certified that the claimant has signed/thumb impressed before me. I declare that the above particulars are true to the best of my knowledge.

2. Certified that the member died on... while in service.

3. Certified that the Provident Fund accumulation of deceased employee, late Sh/Smt./Kumari were paid to Shri/Smt./Kumari

(The employer of exempted Establishment shall send on attested copy of the nomination of the deceased employee)

### Form 5IF (www.epfindia.gov.in)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Month</th>
<th>Interest</th>
<th>Withdrawals</th>
<th>Progressive Balance</th>
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Note: The employer of un-exempted establishment should fill in the column 2 only and the employer of exempted establishment should fill in all the columns.

Signature of the employer (Name & designation with official Seal)
(For the use of Commissioner’s Office)

Entered in Form 21-A/9 (Revised) I.F. withdrawal Register

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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<tbody>
<tr>
<td>SSA</td>
<td>SS</td>
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</tbody>
</table>

Section

Passed for payment for INR…………………………………………………………………………………

Amount may be remitted for credit to the Saving Bank Account No……………………………in respect of

Sh./Smt./Kumari……………………………………………………………………………………………………

Accounts Officer

Date: ……..

Paid by inclusion in cheque No.

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