

APPLICATION FORM FOR CLAIMING ASSISTANCE BY NOMINEE  
BOI STAFF BENEVOLENT SCHEME

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To,  
The General Manager,  
HR Department,  
Bank of India,  
Head Office

Dear Sir,

**BOI STAFF BENEVOLENT SCHEME**

Shri / Smt / Ms \_\_\_\_\_ was a member of BOI Staff Benevolent Scheme.

2. Shri / Smt / Ms \_\_\_\_\_ expired on \_\_\_\_\_

Copy of the Death Certificate duly verified is enclosed.

3. I \_\_\_\_\_ (nominee(s)) \_\_\_\_\_ (relationship) request you to pay me the financial assistance in terms of the scheme.

4. Nominee(s) account no. \_\_\_\_\_

Yours faithfully

( \_\_\_\_\_ )

**CERTIFICATE FROM ZONAL OFFICE**

We certify that Shri / Smt /Ms \_\_\_\_\_ was a member of the BOI Staff Benevolent Scheme. Original application for membership submitted by Shri / Smt /Ms \_\_\_\_\_

We recommend payment of financial assistance to the nominee in terms of Branch Circular No. 87/183 dated 20.11.1993. We enclose salary slips of \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ showing BSBS deduction.

**(Zonal Manager)**

SPACE FOR HEAD OFFICE USE

Claim received on \_\_\_\_\_

Amount settled on \_\_\_\_\_

Stamp receipt received on \_\_\_\_\_