



APPLICATION FOR GRANT OF FAMILY PENSION

The Trustees, Bank of Baroda Pension Fund, Vadodara.	(6	D 1/D 1
Dear Sirs,	(forwarded through	Branch/Department)
Re: Application for grant of Family P	ension.	
I wish to inform you that Shri/Smt. drawing a pension <i>vide</i> Pension Pay Orde died on date	r No a	now, E.C. No. nd being the spouse /family
member of the deceased, I request for sa		Family Pension.
I submit the details for your necessary ac	ction.	
1. Name of the Pensioner :		
2. Pension Pay Order No. :		E. C. No. :
3. Name of the Applicant :		
4. Date of Birth of the Applicant :		
5. Relationship with the Pensioner:		
6. Date of death of the Member :		
7. Details of Branch from which pension was	s being drawn by the pe	nsioner prior to his / her death :
Branch	Region	Zone
8. If the applicant id minor, details of Gu	ıardian :	
Name of Guardian	Date of Birth	Relationship with Minor
9. Full Postal Address of the Applicant :		
	PIN	
Tel / Mobile No	Email ID (If availab	



10.	Details of	of Branch	through	which	pension	is	intended	to	be drawn:	

Branch	Region	Zone

11. Account Number and type of Accour	11.	Account	Number	and tv	be of	Account	:
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Yours faithfully,

APPLICANT'S SIGNATURE

Date:

Witness of TWO STAFF Members of the Bank:

Sr.	Name	Designation	Branch/Office	Signature

Encl.:

- 1. Original PPO.
- 2. Original Death Certificate of deceased pensioner.
- 3. I D Proof (Copy of PAN / Aadhar / Voter ID Card) or any other valid document.
- 4. Address Proof (Copy of Electricity / Gas / D L) or any other valid document.
- 5. Copy of Bank Passbook of Applicant.
- 6. Photographs (3 Copies)

CERTIFICATE THE PARTICULARS AS DECLARED ABOVE BY THE FAMILY PENSIONER HAVE BEEN VERIFIED AND FOUND TO BE CORRECT AS PER BRANCH / DEPARTMENT RECORDS

NAME OF BRANCH MANAGER / DEPARTMENT HEAD DATE:

SIGNATURE WITH RUBBER STAMP BRANCH MANAGER/DEPARTMENT HEAD



The Branch Manager,

F C No			
L C NO.			

Date : ______

LETTER OF UNDERTAKING FOR RECOVERY OF EXCESS PAYMENT OF PENSION / PENSIONERY BENEFITS.

Bank of Baroda,
Dear Sir / Madam,
Re : Pension Payment order No
In consideration of your having agreed to credit payment of Pension due to me every month in my Pension account with you. I the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my Pension account in excess of amount to which would not be entitled.
I further hereby undertake and agree to bind myself and my Successors, Executors and Administrators to indemnify the Bank, in so crediting my Pension to my Pension account and to forthwith pay the same to the Bank and also irrevocably authorize the Bank to recover the amount due to the debit of my said Pension account or my other accounts or deposits belonging to me in possession of the Bank.
Yours faithfully,
Name :
Witness: 2. Signature: Name: Name: Address: Address: