

Annexure-I

UNDERTAKING

DETAILS OF DECEASED EMPLOYEE

NAME: _____

P.F. INDEX: _____

GRADE/SCALE: _____

LAST POSTED AT: _____

DATE OF DEATH: _____

REASON OF DEATH: _____

State Bank of India

Branch / Office _____

Madam / Dear sir,

UNDERTAKING FOR PRODUCING DEATH CERTIFICATE FOR PAYMENT OF EX-GRATIA / COMPASSIONATE APPOINTMENT / COMPENSATION IN THE EVENT OF DEATH DUE TO COVID

I/We confirm that Shri / Smt. _____ who was my _____ (relationship) died on _____ due to _____.

2. I/We confirm that following are the legal heirs of Shri/Smt. _____: -

Sr. No.	Name	Age	Relation with deceased
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i)

ii)

iii)

3. I/We confirm that I/we have not received the Death Certificate of Shri /Smt. _____ issued by the competent government authority so far, due to prevailing COVID situation. I/we undertake to submit the Death Certificate of Shri / Smt. _____ to the Bank, as soon as possible, but not later than 6 months from the date of death.

4. I/We am/are aware about the Bank's scheme of **payment of ex-gratia / compassionate appointment / compensation in the event of death due to Covid.**

5. I/We hereby confirm and certify the correctness of the above information and I/we undertake that I/we will abide by the terms & conditions of the scheme laid down by the Bank.

6. I/We undertake that in case I/we fail to produce valid death certificate of Shri / Smt. _____ within stipulated timeline, the Bank may take suitable action against me/us as it deems fit, including cancellation of my/our candidature for Compassionate Appointment and recovery of payment of Ex- Gratia / Compensation amount. The Bank will also have the right to stop the pensionary benefits of deceased employee if I /we fail to comply the above provisions.

(Signature)

Name of the Dependent/ Claimant: _____

Address; _____

Mobile No. _____ Date: _____

Signatures of the Legal heirs

i)

ii)

iii)

I / We hereby certify that the deceased employee Shri / Smt. _____ was known to me and he /she died on _____ due to _____.

Witness 1.

(Signature & S.S. No.)

Name: _____

P.F.: _____

Grade /Scale: _____

Posted at: _____

Mobile No. _____

Date: _____

Witness 2.

(Signature & S.S. No.)

Name: _____

P.F.: _____

Grade /Scale: _____

Posted at: _____

Mobile No. _____

Date: _____

(NOTE: THIS UNDERTAKING IS REQUIRED TO BE OBTAINED ALONGWITH WITH APPLICATION FOR PAYMENT OF EX-GRATIA / COMPASSIONATE APPOINTMENT / COMPENSATION IN THE EVENT OF DEATH DUE TO COVID, ONLY IF THE DEPENDENT / CLAIMANT IS NOT ABLE TO PRODUCE DEATH CERTIFICATE OF DECEASED EMPLOYEE ISSUED BY GOVERNMENT AUTHORITY)