

SWF CLAIM FORM

1. Information about the deceased

- Full name:
- CID no.:
- Date of death (dd/mm/yyyy):
- If member, provide the information below:
 - EID no.:

Tick ONLY one whichever is applicable:

1. Member <input type="checkbox"/>	2. Member's Parents/Spouse's parent <input type="checkbox"/>
3. Member's Legal spouse <input type="checkbox"/>	4. Member's child above 9 Years <input type="checkbox"/>
5. Member's Child 8 years & below (except abortion) <input type="checkbox"/>	

2. Information about the claimant

- Full name:
- Employee ID
- CID no.:
- Mobile no.:
- Relationship to the deceased:

3. Attach the death certificate if available else submit it within 45 days of the claim. failure to submit will lead to recovery of the claim amount from your salary.

4. Undertaking:

I confirm that the above information is true to the best of my knowledge. If the above declaration is found to be incorrect, I shall be liable for prosecution as per the law of the land.

(Name)

(Signature)

1. Verification of Controlling Officer/Supervisor (AE and above level)

2. Verification by Personnel wing for record in personnel file

Secretary (SWF)