

**FORM NO PF-6**

(see rule 24)

**APPLICATION FOR FINAL PAYMENT TO THE NOMINEES OR ANY OTHER CLAIMANTS  
WHERE NO NOMINATION SUBSISTS**

To

The Accountant General,  
Haryana, Chandigarh

(Through the Head of office)

Sir,

It is requested that arrangements may kindly be made for the payment of the accumulations in the General Provident Fund Account of Sh./Ms..... The necessary particulars required in this connection are given below:-

1. Name of the Government employee:
2. Date of birth:
3. Post held by the government employee:
4. Date of death:
5. Proof of death in the form of a death certificate:  
(issued by the Municipal Authorities etc.)
6. General Provident Fund Account Number of subscriber (Complete):
7. Amount at the credit of the subscriber at  
the time of his death, if known:
8. Details of the nominees alive on the date of  
death of the subscriber, if a nomination subsists:

<b>Name of the Nominee</b>	<b>Relationship with the subscriber</b>	<b>Share of the nominee</b>	<b>Remarks</b>
1.-----	-----	-----	-----
2.-----	-----	-----	-----
3.-----	-----	-----	-----

9. In case the nomination is in favour of person other than a member of the family, the details of the family, if the subscriber subsequently acquired a family:

<b>Name of the Nominee</b>	<b>Relationship with the subscriber</b>	<b>Age on the date of death</b>	<b>Remarks</b>
1.-----	-----	-----	-----
2.-----	-----	-----	-----
3.-----	-----	-----	-----

10. In case no nomination subsists, the details of the surviving members of the family on the date of death of the subscriber. In the case of a daughter or of a daughter of a deceased son of the subscriber married before the death of the subscriber, it should be stated against her name whether her husband was alive on the date of death of the subscriber.

<b>Name</b>	<b>Relationship with the subscriber</b>	<b>Age on the date of death</b>	<b>Remarks</b>
1.-----	-----	-----	-----
2.-----	-----	-----	-----
3.-----	-----	-----	-----

11. Name of the Natural/legal guardian:  
(in case the amount is due to a minor child)

12. If the subscriber has left no family and no nomination subsists, the names of the persons to whom the Provident Fund money is payable (to be supported by letter of Probate or succession certificate etc.):

<b>Name</b>	<b>Relationship with the subscriber</b>	<b>Address</b>	<b>Remarks</b>
1.-----	-----	-----	-----
2.-----	-----	-----	-----
3.-----	-----	-----	-----

13. The payment is desired through the office of -----/ through the ----- Treasury/ Sub-Treasury. In this connection the following documents duly attested by a Gazetted Officer/ Magistrate are attached:-

- (i) Personal marks of identification
- (ii) Left/Right Hand thumb or finger impressions

- (in the case of illiterate claimants)  
 (iii) Specimen signatures in duplicate (in the Cases of literate claimants):

Yours faithfully,

(Signature of claimant)  
 Full Name and Address)

Place:-----

Date:-----

**(FOR USE OF HEAD OF OFFICE)**

Forwarded to the Accountant General, Haryana for necessary action. The particulars furnished above have been duly verified.

2. The General Provident Fund Account number of Sh./Ms..... is .....

3. He/she died on..... A death certificate issued by the Municipal authorities has been produced (copy enclosed).

4. The last General Provident Fund deduction was made from his/her pay for the month of ..... drawn vide Treasury Voucher No..... dated..... in this Office Bill No..... dated..... for Rs..... Rupees..... Treasury challan No..... dated..... Treasury, the amount of deduction being Rs..... and recovery amount being Rs.....

5. Certified that he/she had taken the following advances in respect of which..... instalment of Rs..... are yet to be recovered and credited to the Fund Account. The details of the withdrawals granted to him/her during the twelve months immediately preceding the date of his/her death are also indicated below-

Serial Number	Amount of Advances/ Withdrawals	Place of encashment	Voucher Number and Date
1.			
2.			
3.			
4.			

5. Certified that the claimant submitted the application on..... dated..... month..... Year.....

**(Signature of the Head of office)**