

**Withdrawal in case of Family / Disability Pension:****Bank Details in case of Voluntary Contribution & Tier II Withdrawal:**

Bank Details of the Claimant/Subscriber:

Name of the Claimant/Subscriber\*: \_\_\_\_\_

Relationship with the Subscriber\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Bank Account No\*: \_\_\_\_\_

Bank Name\*: \_\_\_\_\_

Branch Name\*: \_\_\_\_\_

Bank Address\*: \_\_\_\_\_

Bank Pincode\*: \_\_\_\_\_

Bank IFS Code\*: \_\_\_\_\_

MICR Code: \_\_\_\_\_

Claimant/Subscriber Signature\*: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\*indicates mandatory field

**Nodal Office Declaration:**

The bank account details of the Claimant/Subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment.

We have collected Cancelled Cheque/Bank Certificate/Copy of Bank Passbook for the bank details submitted.

Stamp & Signature of DDO		
Date:	Name of the DDO	
Place:	Regn No:	

Countersigned by DTO/PAO/CDDO/DTA/PRAO

Stamp & Signature of DTO/PAO/CDDO/DTA/PRAO		
Date:	Name of the DTO/PAO/CDDO/DTA/PRAO	
Place:	Regn No:	