

KOLKATA PORT TRUST

[To be filled in by all the claimants (to be used where unpaid dues does not exceed Rs.5,000/-.
Dues above Rs.5,000/- shall be paid to the holder of a Succession Certificate].

Claim in respect of unpaid Salary/Wages and other current dues of Late Shri/
Shrimati _____

1. Name of the deceased employee _____
2. (i) Section and Department in which
The abovenamed deceased last worked _____
- (ii) Code No. & Item No. of the
abovenamed employee _____
- (iii) P.F. A/C No. _____
3. Date of death of the employee _____
(Death certificate granted by the Municipality or the office of the Anchal Prodhan, as
the case may be, is enclosed)
4. **Full Address :**
 - (i) Permanent : _____

 - (ii) Local : _____

5. Marital Status : _____
6. Religion : _____
7. **Amount of Claim :**

	<u>Abs.No.</u>	<u>Date</u>	<u>Particulars</u>	<u>Amount</u> <u>Rs.</u>
(i)				
(ii)				
(iii)				

8.

Name of the claimant	Present age	Relationship with the deceased	Present address
(i) Sri/Smt.			
(ii) Sri/Smt.			
(iii) Sri/Smt.			
(iv) Sri/Smt.			
(v) Sri/Smt.			
(vi) Sri/Smt.			

9. If the deceased was a Mohammedan the names of sharers, residuaries and distant kindred of the deceased, who are entitled to inherit a share in the above dues with their respective shares are to be furnished.

DECLARATION

I /We hereby solemnly affirms that all the particulars furnished above are true, that no part of it is false and that no information/particulars have been concealed and that I am/we are the only heir(s) of the abovenamed deceased and that there is no other claimant in respect of the amounts claimed therein.

Signature/L.T.I. of the claimant(s)

Place :

Date :

1.

2.

3.

4.

5.

6.

SIGNATURES ATTESTED

Witness:

1. Name _____

Occupation _____

Address _____

2. Name _____

Occupation _____

Address _____

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CERTIFICATE

[This certificate may be granted by a Gazetted Officer/Prodhan of an Anchal Panchayet/a Member of Parliament/Legislative Assembly/a Registered Medical Practitioner/a member of a Professional Body/a Headmaster of a Secondary School/Principal of a College].

From :

Shri/Smt

Designation.....

The Financial Adviser &
Chief Accounts Officer,
Kolkata Port Trust,
Kolkata.

Re : Claim of Unpaid Dues of Late Shri/Smt.

I have known Late Shri/Smt _____ of _____
(address)

and the members of his/her Family for the past _____ years. He/ She passed away on _____
He/ She is survived by the under mentioned person (s) as his/her only heirs.

Sl. No.	N A M E	Present Age	Relationship with the deceased
1.			
2.			
3.			
4.			
5.			
6.			

I have gone through the claim form and I certify that the particulars as furnished by the claimants are true and correct to the best of my knowledge and belief.

Yours faithfully,

Place :

(Signature)

Date :

(Official Seal, if any)

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CONSENT LETTERS

From :

Place :

Date :

Shri.....

To
The Financial Adviser &
Chief Accounts Officer,
Kolkata Port Trust.

(Through Proper Channel)

Dear Sir,

Re: Claim for payment of unpaid dues of Late Shri/Smt.

This is to inform you that my

Shri/Smt _____
on _____ leaving behind his/her heirs as mentioned below :

Sl. No	N A M E	A g e	Relationship with the deceased
1.			
2.			
3.			
4.			
5.			
6.			

The amount claimed in Form-'P' above form part of the assets of the deceased. I am entitled to a share in his/her assets. I hereby declare that I have no objection to the entire amount being paid over to my _____ Shri/Smt.

I, therefore, accord my consent as stated above and further state that the discharge given in respect of the said dues shall be as effected as if the same is given by me and binding upon me.

Yours faithfully,

Signatures attested.

.....
(Official Seal)

1.....
2.....
3.....
4.....
5.....
6.....

Department's EndorsementThe F.A. & C.A.O.,

Forwarded for necessary action. The name/s of the heir/s have been verified with the declaration of the family/ dependents of the abovenamed employee kept in this office and found in order.

Head of the Department