

T.S.R.T.C STAFF RETIREMENT BENEFIT SCHEME, HYDERABAD**(Application from the Spouse for payment of Benefit in case of death of the Member)**

Membership No.

To
The Secretary,
TSRTC SRBS,
HYDERABAD.

Employee Mobile No
(Mandatory) *

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Sir,

SUB: SRBS – Payment of Benefit to the Spouse of late

Sri/Smt..... Staff No

Designation..... M.S.No

Retired on Expired on

Ref : identity –cum- Payment Order of Benefit No.

My husband /wife, Sri/Smt. Staff No.

Designation..... M.S.NoRetired on.

Who is a member of the Staff Retirement benefit Scheme has expired on

2. I am enclosing here with the following documents:

- 1.) Death certificate issued by the Competent Authority, either original or attested copy.
- 2.) Identity – cum – Benefit payment order.
- 3.) Name of the depot opted for receiving the monthly cash benefit.
- 4.) I have opened Saving Bank Account where Depot Manageris operating
The account as per my option in my individual name only and not a joint account and the cash benefit for which I am entitled may be credited to my Account, the details of which are furnished here under.

Saving Bank A/c No.Name of the bank.

Name of the BranchBranch CodePlace.

5.) Xerox copy of my Bank Pass Book 1stpage showing the Bank Account number, Name of the Branch and Branch Code.

6.) Life Certificate.

3. As I am the Spouse of the above deceased Member whose Signature and photograph were already submitted by my husband/wife and held with you, kindly extend the benefits of the Scheme available to me.

4. I also authorise you to recover the amounts if any, paid in excess after the date of death due to delay in intimation of the death.

Yours faithfully

WITNESS

1) Signature :
2. Name :
3. Staff No. :
4. Designation :
5. Unit :

1. Signature :
2. Name :
3. Staff No. :
4. Designation:
5. Unit :

COMPLETE POSTAL ADDRESS

II) Signature :
2. Name :
3. Staff No. :
4. Designation :
5. Unit :

Name.....
Residential Address: (in Capital letters)
Name :
S/o,C/o:
H.No :Street.....
Village/ Colony :
Mandal/Town: Dist :
Pincode :

Certified that the particulars furnished above are verified with records and found to be correct.

SIGNATURE OF THE UNIT OFFICER
WITH OFFICE SEAL AND DATE