

ANNEXURE 1

APPLICATION FOR FINANCIAL SUPPORT FROM FBROF BENEVOLENT FUND

To, General Secretary FBROF, Central Office, Aluva	Through Area / Zonal Secretary _____ Area																						
1.	Primary details of the FBROF Member: Name: PF No:..... Age:..... Date of Retirement : Mobile No : Address :																						
2.	Name of the Applicant : In case of unfortunate death of the FBROF Member, Date of death : If the Applicant is not the FBROF Member Relationship with the Member: Age : Mobile No: Present address : (Attach Id Proof) Name of Close Relative : Relationship : Mobile No :																						
3.	Present monthly income of the Applicant & Dependents <table border="1" data-bbox="165 1274 1542 1582"> <tr> <td>Name:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Occupation:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Relationship with Applicant:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Monthly Income:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mobile No:</td> <td></td> <td></td> <td></td> </tr> </table>			Name:				Occupation:				Relationship with Applicant:				Monthly Income:				Mobile No:			
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4.	Whether the Applicant /Dependant is undergoing medical treatment for any ailment : Y / N If Yes, specify the details of Sick Members Name : Age : Nature of Sickness : Treatment from which date: Average Monthly Medical Expenses : (Please attach documentary evidence in support of the treatment. If undergoing in – patient treatment, Name of the Hospital, Room No, In- patient No. etc. If under domiciliary treatment, attach copy of Medical prescription)																						

5.	<p>Details of existing Medical Insurance Policies:</p> <p>Name of the Insurance Company:Sum covered :.....</p> <p>Period of Insurance: : From to</p> <p>Balance amount of the Insurance cover available as on date :</p>
6.	<p>Amount of financial support sought from FBROF :</p> <p>Nature of support sought : (Monthly / Lump sum)</p> <p>Purpose for which the support is sought :</p> <p>Details of financial support received so far from FBROF :</p> <p>I hereby declare that the details furnished above are true to the best of my knowledge and belief and request FBROF to extend the possible financial support to me by way of credit to my pension / family pension SB account</p> <p>No.</p> <p>With Branch</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Place Date Signature </div> <div style="display: flex; justify-content: space-between;"> No. of enclosures () (Applicant) </div> </div>
	For office use Observations and recommendations of Area / Zonal Level Committee
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. Area Secretary</div> <div style="width: 50%;">2. Zonal secretary</div> <div style="width: 50%;">3. Help desk member (1)</div> <div style="width: 50%;">4. Help desk member (2)</div> <div style="width: 100%;">5. EC member in charge of the area</div> </div>
	For the use of FBROF Central Office Findings of the Executive Committee : Decision of the Executive Committee :
	General Secretary

ANNEXURE 2
FBROF BENEVOLENT FUND
Review Report of the Area / Zonal Level Committee

To General Secretary FBROF Central office, Aluva	Area / Zonal : Date :						
1.	Details of the Member / Spouse / Dependent Children to whom support is given (If the applicant is not the member specify relationship):						
2.	Details of financial assistance extended: Amount paid: Date of payment: Periodicity:						
3.	Purpose for which the amount is paid:						
4.	Details of relief and comfort the family gained from the financial help provided by us and improvement in the financial and health position of the family.						
5.	Incase periodical assistance is being given whether it is to be continued/decreased/stopped and reasons for it. Name and Signature of the Reviewing Committee						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1. Area Secretary</td> <td style="width: 50%; text-align: center;">2. Zonal Secretary</td> </tr> <tr> <td style="text-align: center;">3. Help desk member 1</td> <td style="text-align: center;">4. Help desk member 2</td> </tr> <tr> <td colspan="2" style="text-align: center;">5. Executive Committee member in charge of the area:</td> </tr> </table>	1. Area Secretary	2. Zonal Secretary	3. Help desk member 1	4. Help desk member 2	5. Executive Committee member in charge of the area:	
1. Area Secretary	2. Zonal Secretary						
3. Help desk member 1	4. Help desk member 2						
5. Executive Committee member in charge of the area:							
	<p style="text-align: center;">FOR THE USE OF FBROF CENTRAL OFFICE.</p> <p>Findings of the Executive committee:</p> <p>Decision of the Executive committee:</p> <div style="text-align: right;"> <p>Signatruue</p> <p>General Secretary</p> </div>						