

Employees Welfare Fund Scheme
Application for 50% refund

Ref. No.: EWFS/refund/_____

Date: _____

1. Name of Applicant: _____ Designation: _____ EID: _____ Members Registration Date: _____

2. Mobile No _____ Email ID _____ Bank A/C No _____

Date of membership to EWFS _____

3. Member Office/Address: _____

4. Reasons for withdrawing: {Please Tick}

a. Departmental Transfer []

b. Voluntary/Compulsory retirement []

c. Superannuation []

5. Documents enclosed(If any/Relevant):

a. Office Order

Therefore, having read and understood the rules and procedures of EWFS, I wish to apply for 50% refund of my contribution (from January 2007 onwards) amounting to Nu. _____ only.

Date: _____

Name & Signature of the Applicant

(Verification by the Director/Regional Directors/Head of accounts)

The above claim has been verified and finds that the appeal is true, genuine and in agreement with the rules and procedure of EWFS.

Date: _____

Signature of Director/Regional Directors/Head of accounts

(For official use only)

The above claim has been verified and finds that it is true, genuine and in agreement with the rules and procedure of EWFS.

Date: _____

Submitted for approval

**Secretary
EWFS**

President
EWFS

(To be filled by the Treasurer/Cashier, EWFS)

i. Total Contribution Amount: Nu. _____ 50% of Total Contribution Nu. _____

ii. Mode of Disbursement: _____ Cheque No: _____

iii. Disbursement Voucher No.: _____ Date: _____

**Treasurer
EWFS**

Note: Members Registration Date is the date of joining this Department.