

APPLICATION FOR WITHDRAWAL FROM GENERAL PROVIDENT FUND

1. Name of the Subscriber : _____
2. G.P.F. Account No. : _____
3. Designation : _____
4. Pay : **Rs.** _____
5. Date of joining & Date of Application as below:- : _____
6. Closing balance as per statement for the year _____ : **Rs.** _____
7. (i) Credit from _____ to _____ : **Rs.** _____
(ii) ADA w.e.f. _____ to _____ : **Rs.** _____
(iii) Refund made to the fund after closing balance vide (i) above. : **Rs.** _____
(iv) Withdrawal during the period from _____ to _____ : **Rs.** _____
(v) Net balance at credit on the date of application : **Rs.** _____
8. Amount of advance required : **Rs.** _____
9. Purpose for which the withdrawal is required : **Rs.** _____
10. Rate under which request is covered. _____
11. Whether any withdrawal was taken for the same purpose earlier if so, indicate the amount and the year. : _____
12. Name of the Account Office maintaining the Provident Fund Account. : _____

Signature of the Applicant _____

Name _____

Designation _____