

P.F. 3-A

(APPLICATION FOR WITHDRAWAL (NON-REFUNDABLE ADVANCE FORM))

(Provident Fund)

1. Name of the subscriber.....
2. Account No. (with department suffix).....
3. Designation.....
4. Pay.....
5. Date of joining service & date of supramuation.....
6. Balance at the credit of subscriber on the date of filling application as under
.....
 - (i) Closing balance as per statement for the year.....
(Original statement).....of G.P.F. attached.
 - (ii) Credit from.....on account of monthly, subscription.
 - (iii) Refund made to the fund after closing balance vide (i) above.
 - (iv) Withdrawal during the period from last statement of the date of
application.
7. Amount of withdrawal required :
 - (a) Purpose for which the withdrawal is required.
 - (b) Rule under which the request is covered.
 - (c) Documentary evidence about the purpose for which the amount is
required.
8. Whether the withdrawal was taken for the purpose earlier, if so, incidate
amount and year.

Century

Signature of the applicant with Designation

Branch.....

Floor.....

Room No.....

Dated.....