

**I'm not robot!**

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10. If the contributions are for less than one and a half yrs, Yes, if not or also you require the pension benefit.

11. Are you willing to accept Scheme Certificates in lieu of withdrawal benefits? Yes  No

12. Particulars of Family (Spouse & Children & Nominees)

Name	Date of Birth	Relationship With Member	Name of the guardian of minor
(a) Family Members			
(b) Nominee			

13. In case of death of member after attaining the age of 58 years without filing the claim:-

(a) Date of death of the member **Not Applicable**

(b) Name of the Claimant(s) and relationship with the members

14. MODE FOR REMITTANCE (PUT A TIC IN THE BOX AGAINST THE ONE OPTED)

(a) By postal money order at my cost to address given against item No. 7

(b) Account payee cheque sent direct for credit to my S.B. A/c (Scheduled Bank) under intimation to me

Your savings bank account no. \_\_\_\_\_

S.B. Accounts No. \_\_\_\_\_

Name of the Bank (in block letters) \_\_\_\_\_

Branch (in block letters) \_\_\_\_\_

Full Address Of the Branch (in block letters) \_\_\_\_\_

15. Are you availing pension under EPS-85? If so indicate PPO NO. \_\_\_\_\_ By Whom Issued \_\_\_\_\_

Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Your Signature: \_\_\_\_\_ Signature or left Hand Thumb Impression of the Member (claimant).

Date \_\_\_\_\_

claiming certain receipts without deduction of tax.

**PART - I**

1] Name of Assessee (Declarant) :		2] PAN :	
4] Flat / Door / Block No. :		3] Assessment Year <b>2016-17</b>	
5] Name of Premises :		6] Status :	
7] Assessed in which Ward / Circle :		10] AO Code (whom assessed last time) :	
8] Road / Street / Lane :		Area Code AO Type Range Code AO No.	
9] Area / Locality :		14] Last Assessment Year in which assessed : <b>2015-16</b>	
11] Town / City / District :		12] State :	
13] PIN		17] Present Ward / Circle	
15] Email :		18] Residential Status : <b>Resident</b>	
16] Telephone / Mobile No :		20] Present AO Code (if not same as above):	
19] Name of Business / Occupation :		Area Code AO Type Range Code AO No.	
21] Jurisdictional Chief Comm. of Income Tax or Comm. of Income Tax (if not assessed to income tax earlier):		22] Estimated total income from the sources mentioned below: (Please tick the relevant box)	
		Dividend from shares referred to in Schedule - I	

**Durham University**

**Interest Free Loan Agreement Form 2006-07**

I (full name and date of birth) \_\_\_\_\_  
 of (College / Society) \_\_\_\_\_  
 agree to accept the sum of £ \_\_\_\_\_ as an interest free loan awarded from the Access to Learning Fund / University Hardship Fund (delete as applicable) to be used towards the general costs of my course of study leading to the degree of \_\_\_\_\_.

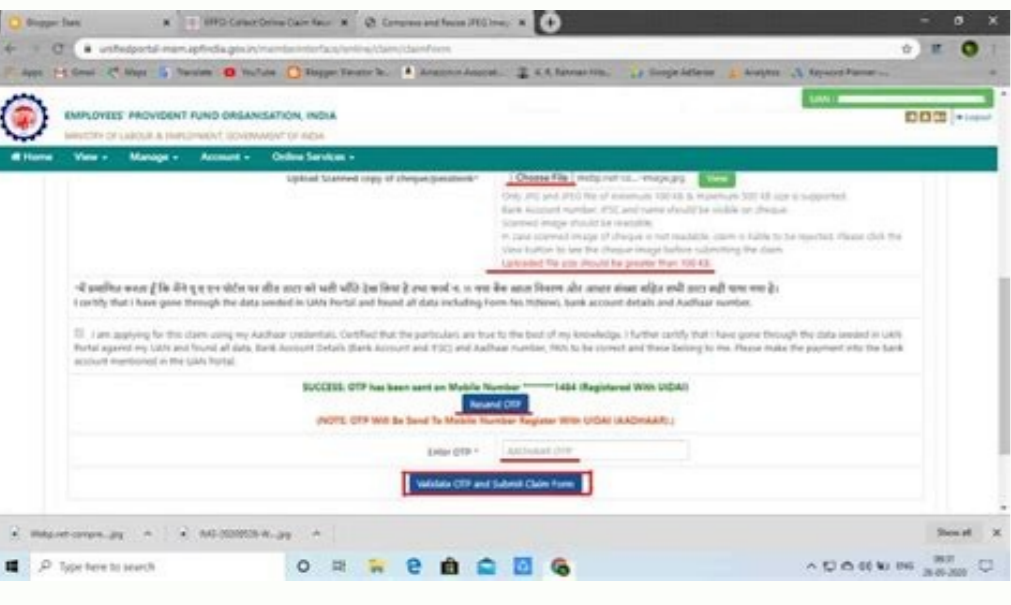
In accepting this loan I agree to repay the full amount to Durham University by \_\_\_\_\_  
 or, should I withdraw, not later than 1 year after the date of my withdrawal.

Please provide your permanent address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I will inform the University of any change of address as long as I have not repaid the full amount.

Signed \_\_\_\_\_  
 Date \_\_\_\_\_

Page 1 of 1





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