

**REPCO BANK**  
Pension Cell, Head office,  
Chennai-600017

**APPLICATION FORM FOR PENSION**

Joint Photograph to be attested by  
Branch manager.  
7.50 cms x 5 cms

1. Name :.....

PAN No:.....

Emp. No:.....

Designation:.....

Date of Birth:.....

Date of Appointment :.....

Date of Retirement:.....

2. (a) Present Address :

.....  
.....  
.....  
.....

(b) Address after Retirement :

.....  
.....  
.....  
.....

(c) Phone No:..... Cell No:.....e.Mail : .....

3. Name of the Branch with code where desire to draw pension with SB A/c No.:

Branch Name : .....Code No:.....

SB A/c No. : .....

4 Type of retirement: .....

5. Whether the employee opting for commutation : YES / NO.

If so, fraction of pension to be commuted :

6. Nomination submitted for life time arrears / pension commutation : YES / NO.

7. Enclosures sent with the application form (see Note Column below) . :.....

Signature :.....

Name of the Employee :.....

Emp. No. :.....

Place : .....

Date : .....

Note: 1. Three copies of the passport size recent joint photographs with spouse (one should be pasted, attested on the form and the rest of the two should be sent along with the application form in a small envelope duly written the name of the employee and employee no. on the reverse)

**REPCO BANK**

Pension Cell, Head office  
Chennai-6000017

**DETAILS OF FAMILY**

- 1. Name of the Employee : .....
- 2. Emp. No. : .....
- 3. Designation : .....
- 4. Date of Birth : .....
- 5. Date of appointment : .....
- 6. Date of retirement (wherever applicable) : .....

7. Details of the members of my family as on\* :

S.No.	Name of the member of the family	Date of Birth	Relationship with the employee	Remarks

8. Contact Address : .....

.....

I hereby give the details of the members of family in the order of preference to receive Family Pension under the Repco Bank (Employees) Pension Regulation 2012 in the event of my death and(undertake to keep the above particulars upto date by notifying to the AGM (Pension Cell) any addition or alteration.

Place : ..... Signature : .....

Date : ..... Name & Emp.No. : .....  
(of the retiree / employee)

- Family for this purpose means family as defined in Repco Bank (Employees) Pension Regulations 2012 under clause 2 (n)

**SALARY PARTICULARS OF RETIRING / RETIRED EMPLOYEE**

1. Name of the retiring / retired employee :
2. Emp. No. :
3. Designation at the time of retirement :
4. Date of Birth :
5. Date of appointment in the Bank :
6. Date of retirement :
7. Mode of retirement : Superannuation/Premature/Invalid/Compulsory/Voluntary
8. In case the Member is on loss of pay for any period during last 12 months of service please advise the salary particulars for corresponding earlier period for which he has drawn salary in a separate sheet. :
9. Details of Salary drawn during the last 12 months of Service :

S.No. 1	Year & Month 2	B.P 3	Stagnation Increment 4	D.A. 5	FPA/PPA* 6	PQA/ Specialpay* 7	Special* Allowance 9	Remarks 10
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

• ONLY THE AMOUNT RANKING FOR P.F. SHOULD BE MENTIONED IN THE COLUMN 6,7,8 & 9

•

10.

- a. occupying residential accommodation provided by the bank at the time of retirement and if so, whether vacated the same :
- b. Date of vacation of bank's residential accommodation
- c. Whether any rent or any amount for damage etc. are recoverable from the employee
- d. Whether suspended from service, if so, details of the same

S.No.	Date of suspension	Date of suspension revoked	Punishment awarded	Remarks

Place :

Signature of the Manager

Date :

Name of the branch with seal

To

Repco Bank,

Pension Cell, H.O, Chennai-17.

**REPCO BANK**  
Pension Cell, Head office  
Chennai-6000017

**Application for Commutation of Pension without Medical Examination**  
*(To be submitted within one year from the date of Notification / Retirement)*

To

The Assistant General Manager  
RepcO Bank, Pension Cell,  
H.O, Chennai-600017

Single Photo  
space for affixing  
Pass porsize photo  
Attested by Branch  
Head

Dear Sir/Madam,

I retired/will retire from the Bank's service with effect from ..... and have opted for Repco Bank's pension Scheme. I desire to commute a fraction of my pension in accordance with the Repco Bank (employees') Pension Regulations, 2012. The necessary particulars are furnished below:

- 1. Name in Full (In Block letters) :
- 2. Designation at the time of retirement :
- 3. Name of Branch/Office/Division  
from which retired :
- 4. Date of Birth (as per Bank's Service Record) :
- 5. Date of Retirement :
- 6. Class of Pension (as below \*\*) :
- 7. Fraction of Pension Proposed to be  
commuted not exceeding 1/3 thereof :

Signature

Place :

Date :

Address : .....

.....

.....

\*\*Superannuation Pension / Premature / Compulsory Retirement Pension / Voluntary Retirement Pension / Invalid Pension / Compassionate allowance.

**REPCO BANK**  
Pension Cell, Head office  
Chennai-600017

**NOMINATION FORM TO RECEIVE COMMUTED VALUE PENSION / LIFE TIME ARREARS IN CASE OF DEATH OF A RETIREE ( in duplicate )**

To

**The Assistant General Manager  
RepcO Bank,  
Pension Cell, Head Office,  
Chennai-600017**

I, .....(Name)..... (Emp. No.) hereby nominate the person named below, under Repco Bank Employees' Pension Regulations 2012, to receive commuted value of pension / Life time arrears.

Name and Address of the Nominee	Relation ship	Date of Birth	Name & Address of Person who may recieve the said value during the Nominee's minority (If nominee is minor)	Name & Address of other nominee in case the nominee in col.1 pre-deceased the pensioner	Relatio nship	Date of Birth if the other Nominee is minor	Name & Address of person who may receive the said value during the other nominee's Minority	Remark s

**Signature or Thumb Impression of the pensioner**

**Place :**

**Date :**

Witness Signature :

Name & Address :

Emp. No. :

**REPCO BANK (EMPLOYEES') PENSION REGULATIONS 2012**

Specimen Signature of Shri./ Smt. \_\_\_\_\_

Signature : 1.

2.

Attesting Official's

Signature :

Name :

Emp. No. :

Designation :

Seal :

Branch/Division :

Witness Signature :

Name & Address :

Emp. No. :



**REPCO BANK (EMPLOYEES') PENSION REGULATIONS 2012**

Personal Identification Marks of Shri./ Smt. \_\_\_\_\_

Height :

Personal Identification Marks :

Attesting Official's

Signature :

Name :

Emp. No. :

Designation :

Dept./Branch :

Seal

Witness Signature :

Name & Address :

Emp. No. :

REPCO BANK (EMPLOYEES') PENSION REGULATIONS 2012

**LETTER OF UNDERTAKING**  
(To be obtained from all the Pensioners)

To  
The Manager

**RepcO Bank**

..... Branch

Dear Sir,

**PAYMENT OF PENSION UNDER PPO NO: .**

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account with you I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to said account or any other account/deposits belonging to me in the possession of the Bank.

Yours faithfully,

Signature

(Name & Address)

Witnesses :-

1. Signature  
(Name & Address)

2. Signature  
(Name & Address)

**Option form to be filled in by the employees who were in service from 29.09.1995 to 31.03.2010 and retired / received back their PF (To be submitted in Duplicate).**

To

The Assistant General Manager,  
RepcO Bank,  
Pension Cell – Accounts Division,  
Head Office,  
Chennai – 600 017

I hereby declare that I have read and understood the "RepcO Bank Employees Pension Scheme, 2012" and I hereby **opt** for the Bank's Pension Scheme as per the provisions of the said scheme. I undertake to refund the Bank's contribution to Provident Fund together with accrued interest thereon paid to me on my retirement including part withdrawals, EPS contributions and applicable interest thereon. The amount due from me will be refunded to the Bank before 10.03.2013 to the Repco Bank Employees Pension Fund Trust / Bank.

Signature :  
Name in full :  
Designation :  
Emp. No. :  
Present Residential Address :

(SIGNATURE ATTESTED) \*  
For REPCO BANK

Place : SEAL MANAGER / Dept. Head

Date :

**Note** : Additions / alterations in the text of the above form will render the option invalid.

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**FOR OFFICE USE ONLY**

Option noted in the service file.

Officer  
Pension Cell

General Manager  
Accounts Division

Place :

Date :

\* to be attested by the Department head/the Manager of the branch from where the member retired or where the member opts to draw the pension (with the Employee number of the attesting authority).

**Option form to be filled in by the current employees who are in service of the Bank as on 31.03.2010  
(To be submitted in Triplicate).**

To  
The Assistant General Manager,  
RepcO Bank,  
Pension Cell – Accounts Division,  
Head Office,  
Chennai – 600 017

I hereby declare that I have read and understood the "RepcO Bank Employees Pension Scheme, 2012" and I hereby **opt** to become a member of the Bank's Pension Scheme as per the provisions of the said scheme and irrevocably authorised the Bank / Trustees of the Employees Provident Fund to transfer the entire contribution of the bank along with entire interest accrued thereon to the credit of Pension Fund to be created for this purpose.

I understand that till exemption is granted to Repco Bank from the purview of EPF Act, remittance of employer's contribution to Employees' Provident Fund will continue. I further undertake in case I retire before transfer of funds from EPF to Pension Fund, I shall on retirement, transfer the Employer's contribution to EPF including withdrawals, if any, EPS contribution with interest accrued thereon within seven days on receipt from EPF to the approved Pension Fund. Bank will start paying Pension only on receipt of the above refund. In case I do not transfer the amount within the stipulated period, I shall forfeit the pension.

Signature :  
Name in full :  
Designation :  
Emp. No. :  
Present Residential Address :

(SIGNATURE ATTESTED) \*  
For REPCO BANK

Place : SEAL MANAGER / Dept. Head  
Date :

**Note :** Additions / alterations in the text of the above form will render the option invalid.

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**FOR OFFICE USE ONLY**

Option noted in the Provident Fund sheet at Head Office Folio No.  
and service sheet at Folio No.

Place : Officer Pension Cell General Manager  
Date : Accounts Division

\* to be attested by the Department head/the Manager of the branch,  
where the member is attached with the Employee number of the attesting authority.

**Option form to be filled in by the spouse / dependents of the deceased employees who were in service from 29.09.1995 to 31.03.2010 (To be submitted in Duplicate).**

To

The Assistant General Manager,  
RepcO Bank,  
Pension Cell – Accounts Division,  
Head Office,  
Chennai – 600 017

I/We hereby declare that I/we have read and understood the "RepcO Bank Employees Pension Scheme, 2012" and I/we hereby **opt** for the Family Pension under the Bank's Pension Scheme as per the provisions of the said scheme. I/We undertake to refund the Bank's contribution to Provident Fund together with accrued interest thereon paid to deceased / us on the retirement of the deceased including part withdrawals, EPS contributions and applicable interest thereon. The amount due from the deceased / us will be refunded to the Bank before 10.03.2013 to the Repco Bank Employees Pension Fund Trust.

Name in full of deceased employee :  
Designation :  
Emp. No. :  
Name of the spouse/dependent :  
Age :  
Relationship :  
Signature :  
Present Residential Address :

(SIGNATURE ATTESTED) \*  
For REPCO BANK

Place : SEAL MANAGER / Dept. Head

Date :

**Note** : Additions / alterations in the text of the above form will render the option invalid.

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**FOR OFFICE USE ONLY**

Option noted in the service file.

Officer  
Pension Cell

General Manager  
Accounts Division

Place :

Date :

\* to be attested by the Department head/the Manager of the branch from where the spouse/dependent of the deceased opts to draw the pension.