



# State Bank of India Staff Union (Mumbai Circle)

## DARBS CLAIM FORM

To,  
The General Secretary  
SBI Staff Union (Mumbai Circle),  
C/o. State Bank of India,  
Synergy Bldg., Ground Floor,  
'G' Block, Plot No. C-6,  
Bandra-Kurla Complex, Bandra (East),  
Mumbai - 400 051.

From :  
Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Module Name : \_\_\_\_\_  
Employee Name  
(Full Name : \_\_\_\_\_  
Employee PF Inded No.: \_\_\_\_\_  
Applicant A/c. No. : \_\_\_\_\_  
Applicant Contact No. : \_\_\_\_\_

Dear Sir,

☐ I the undersigned Shri/Smt./Kum. \_\_\_\_\_ request you to PAY ME the under noted benefit under DARBS.

☐ I the undersigned Shri/Smt./Kum. \_\_\_\_\_ WILLINGLY OPTING OUT for noted benefit under DARBS as the gesture of gratitude for our UNION.

✓ Tick one of the above options.

\* I declare that there are no outstanding in respect of the dues of the Union, including Leavy and other contribution.

Yours faithfully,

(\_\_\_\_\_)

*\*Please strike off in case of Death compensation claim*

\*1 Shri/Smt./Kum. \_\_\_\_\_ member of our Union, expired on \_\_\_\_\_ (copy of Death Certificate attached). He/She was a bonafide member of our Union and has paid all dues of our Union till date. We recommend that death benefit under DARBS be paid to his/her \_\_\_\_\_ (state relationship), Shri/Smt./Kum.

\*2 Shri/Smt./Kum. \_\_\_\_\_ member of our Union has been discharged from the Bank's service on \_\_\_\_\_ due to disability on account of \_\_\_\_\_ / retired on medical grounds due to permanent incapacitation on \_\_\_\_\_. He/She was a bonafide member of our Union and had paid all due of the Union while in the Bank's service. We recommend that Accident Benefit under DARBS be paid to him/her (copy of Bank's letter enclosed).

\*3 Shri/Smt./Kum. \_\_\_\_\_ who retires/retired on \_\_\_\_\_ is/was a bonafide member of our Union since \_\_\_\_\_ and has paid all the dues of the Union till date. We recommend that he/she be paid Retirement Benefit under DARBS as he/she fulfills the eligibility criteria under the Scheme.

Yours faithfully

UNIT SECRETARY

(\_\_\_\_\_)

Year	Gross Arrears (Rs.)	Actual Levy (Rs.)	Levy Paid (Rs.)	Levy to be paid (Rs.)	Remark

DY. GENERAL  
SECRETARY

*\* Strike out whichever is not applicable*

### FOR OFFICE USE ONLY

Approved for payment

GENERAL SECRETARY

Paid Rs. \_\_\_\_\_ vide Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ to  
Shri/Smt./Kum. \_\_\_\_\_

TREASURER