

Annexure 4

**(Refers to para 10 of Appendix 'B'
to NO (Spl) 04/15)**

PART I – APPLICATION FOR COMMUTATION OF PENSION: OFFICERS

1. Rank and Name _____
2. Ship/Establishment _____
3. Place of Birth _____
4. Date of Birth _____
5. Age next birthday _____ after retirement
6. Married or single _____
7. Have you any previous occasions applied for permission to commute a portion of your pension, and, if so, what was the result? _____
8. How much per annum of your pension do you now wish to commute? _____

9. Name and address of the public Sector Bank through which payment is required to be made
 - a. Name and address of the Link Branch _____

 - b. Name and address of the paying Branch _____

 - c. Account No _____

Signature: _____

Rank & Name: _____

P.No: _____

Dated: _____

**INFORMATION TO BE FURNISHED BY THE OFFICER TO
OC OF UNIT 8 MONTHS PRIOR TO HIS RETIREMENT**

1. (a) IC No. :
(b) Rank, Name & P No. :
(c) Date of Commission :
(d) Date of retirement :
(e) Authority for retirement :

2. **Details of Recovery**

<u>SI</u>	<u>Description</u>	<u>Amount (in rupees)</u>	<u>Date</u>	<u>Installm ent</u>	<u>Balance As on</u>	<u>Balance as on date of Retirement</u>
(a)	Motor Cycle/ Car Advance					
(b)	Housing Building Advance					
(c)	Any other Public/Non Public Dues					
(d)	House Building Advance from NGIF					

3. I certify that the above information is correct, in case of wrong information, I am to disciplinary action.

Signature: _____

Rank & Name: _____

P.No: _____

Dated: _____

COUNTERSIGNED

Date:

CO Unit/Ship/Est

Forwarded to the Logistics Officer-in-Charge, Naval Pension Office, Mumbai in Triplicate.

(Authority: Appendix 'B' to Govt. of India, Min of Def letter A/48977/AG/PS/(b)/44/S/D
(pension/service) dt. 18 Jan 78)

LETTER OF UNDERTAKING BY THE PENSIONER

Date _____

To

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear Sir,

Payment of pension under A/C No. _____ through your Bank

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, successor, 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 my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature :

Rank & Name:

Address :

Witnesses:

(1) Signature:

Name:

Address:

Date:

(2) Signature:

Name:

Address:

Date: