

**APPLICATION FORM FOR EX-GRATIA (LUMP SUM) FINANCIAL ASSISTANCE FROM  
CHARTERED ACCOUNTANTS' BENEVOLENT FUND (CABF) ON ACCOUNT OF PRE- MATURE  
DEATH OF MEMBER**

**The Managing Committee  
The Chartered Accountants' Benevolent Fund  
The Institute of Chartered Accountants of India  
ICAI Bhawan, Plot No. A-29, Sector - 62  
NOIDA – 201 309.**

Dear Sir,

With profound grief, I intimate that CA \_\_\_\_\_, membership no. \_\_\_\_\_ of city \_\_\_\_\_ expired due to \_\_\_\_\_ on \_\_\_\_\_ and his/her being an unnatural death has put me / my family in severe financial hardship.

I am the legal heir of the deceased member and request the Managing Committee to consider and grant ex-gratia financial assistance of Rs. 1,50,000/- from Chartered Accountants' Benevolent Fund for sustenance of my family. The details of deceased member are as follows:

1		Name of the deceased Member & Membership No.	
2		Name of the Applicant & relation with deceased member	
3		Present full Address	
4		Landline/Mobile Number	
5		Email ID	
6		Date of Birth of deceased member	
7		Date of Death and cause of Death and Place	
8		Age at the time of Death	
9		Details of Insurance benefits for self and third party if any in case of death in road accident	
10		Details of benefits received from other sources such as Life Insurance, Provident Fund, Gratuity, Pension etc payable to the nominee of the deceased member. (Please enclosed proof)	
11	(a)	If member was in practice Yes/No Date of starting practice:	Date
12		Current year Income from Profession with proof	Rs.
13	(b)	The name and address of the firm(s)	
14		If the member was in Employment	Yes / No
15	(a)	Name of the employer and address	
16	(b)	Salary last drawn (please attach the salary slip / certificate).	

17		A list of all the physical assets held in the name of the deceased member.																	
18		Details of Liquid assets held by Member																	
19		Total current monthly income of the family of the deceased member and source of income.																	
20		Total monthly expenditure																	
21		List of dependents and details:																	
		<table border="1"> <thead> <tr> <th>Sr. No</th> <th>Name</th> <th>Relationship</th> <th>Age</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sr. No	Name	Relationship	Age	1				2				3				
Sr. No	Name	Relationship	Age																
1																			
2																			
3																			
22		Any other particulars or details that the applicant may wish to supply																	

23. NEFT Details:

Sr. No.	Particulars	Details
i	Name of Bank	
ii	Address of the Bank	
iii	Account Number	
iv	IFS code	
v	Name of the Account holder/beneficiary	
vi	Pan number of the beneficiary	
vii	Email ID	
viii	Mobile number	
ix	Landline number	

I am one of the legal heirs of the deceased member and attach herewith an affidavit duly notified to this effect.

I have verified the particulars given above and I declare that information provided above is complete & true to best of my knowledge. If anything found contrary to the facts will disqualify me from the claimed benefits.

Yours faithfully,

Signature:

Name \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Meaning of Legal Heir in order of preference:**

- **Wife, if she is not remarried.**
- **Dependent Children, if they stay back with either of the parents.**
- **Dependent old parents of the deceased member.**

**RECOMMENDATION**

\*Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President/Chairman/Vice-Chairman and Member Secretary/Member of Managing Committee of CABF /Member of Managing Committee of Regional Council.

“I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case and financial assistance from the Chartered Accountants’ Benevolent Fund may be sanctioned as per the guidelines”

Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_

Mobile No. \_\_\_\_\_

Name \_\_\_\_\_

Email id. \_\_\_\_\_

Membership No. \_\_\_\_\_

Place: \_\_\_\_\_

Address/Rubber Stamp \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\*Strike out which not applicable.

**INSTRUCTIONS:**

1. **One time ex gratia financial assistance will be given only in case of:**
  - Un -natural death (death due to reason other than ailment) of Member below age of 55 years and
  - Monthly income of the family of the deceased member is not more than Rs. 15,000/- p.m and
1. **Attach copy of death certificate giving reason for death along with necessary proof.**
2. **Attach copy of Affidavit duly notarized declaring by legal heir relation with deceased member.**

**AFFIDAVIT**

I ..... am the dependent legal heir of Late ..... aged about ..... years, having an occupation of ....., resident of ..... do hereby solemnly affirm and state on oath as follows:

I am the deponent herein; as such I am well acquainted with the facts of this affidavit.

I submit that my ..... (relationship to be mentioned) namely, ..... (give name of the deceased) who was a member of ICAI under membership no..... and working for ..... (give details of occupation of the deceased) expired on .....(date) due to unnatural death leaving behind surviving legal heir as under:

<b>Sl. No.</b>	<b>Name</b>	<b>Age</b>	<b>Relationship with the deceased</b>
1			

Hence, I swear this affidavit in order to claim ex-gratia financial assistance from the Chartered Accountants Benevolent Fund of the Institute of Chartered Accountants of India.

I request the CABF for ex-gratia financial assistance knowing fully rules & regulations and my claim is within the prescribed terms & conditions.

The above facts are true and correct to the best of my knowledge and belief.

DEPONENT

Sworn and signed before me on this ..... day of ..... month ..... year at ..... (place).

NOTARY