

**Application Form for requesting Financial Assistance
from The Company Secretaries Benevolent Fund (CSBF)
(By Dependent* of Deceased Member of ICSI)**

The Secretary & Treasurer
Company Secretaries Benevolent Fund
ICSI House, 22, Institutional Area, Lodi Road,
New Delhi-110003

Dear Sir,

This is to inform you that Mr./Mrs./Ms. _____, who was a member of The Institute of Company Secretaries of India (ICSI), has expired on _____(date). I, Mr./Mrs./Ms. _____ (Name of the Applicant), as his/her dependent _____(relationship with departed Member), hereby place this application requesting financial assistance from The Company Secretaries Benevolent Fund (CSBF), enclosing herewith his/her death certificate.

I submit the following particulars for your reference and consideration:

1	Name of the Deceased Member of ICSI (in Capital Letters)	Mr./Mrs./Ms. _____
2	ICSI Membership Number	ACS / FCS - _____
3	CSBF Life Membership Number	LM- _____ Tick here () if Non-member of CSBF
4	Date of Birth (DoB) of the Deceased Member	
5	Name of the Dependent claiming financial assistance from CSBF	
6	Relationship of the Dependent with the departed Member of ICSI	
7	Date of Birth & Age of the Dependent	
8	Present Full Address of the Dependent (in Capital Letters)	_____ _____ CITY _____ DISTRICT _____ STATE _____ PIN CODE _____
9	Landline Number/Mobile Number of the Dependent	
10	Email ID of the Dependent	
11	Annual Income in last Financial Year [Attach self-attested copy of Income Tax Return (ITR) filed for the last financial year, in	Rs. _____ <i>(discloser optional for Applicant in case the deceased member had not completed 60 years as on the date of death)</i>

	case the deceased member had completed 60 years as on the date of death]	
12	Details of Minor Children (maximum two) of the Deceased Member <i>(to be provided in case the deceased member had not completed 60 years as on the date of death)</i>	1. Name_____ Gender_____ Age_____ Date of Birth_____ 2. Name_____ Gender_____ Age_____ Date of Birth_____ Tick here () if Not Applicable
14	Amount of Financial Assistance sought	Rs._____
NEFT Details:		
	Name and Address of the Bank	
	Name of the Account Holder/Beneficiary	
	Account Number	
	IFSC Code	

*Dependent includes wife / husband, dependent children (including step children) and wholly dependent parents. 'Dependent children' is defined as under:

- (a) Son - till he starts earning or attains the age of 25 years or gets married, whichever is earlier;
- (b) Daughter - till she starts earning or attains the age of 25 years or gets married, whichever is earlier; and
- (c) Disabled Son or Daughter suffering from permanent disability of any kind physical or mental) - No age limit

I enclose herewith the following documents in support of request for financial assistance from CSBF:

1. Self-attested copy of PAN Card of myself
2. Self-attested copy of document in support of myself having relation with the deceased Member (such as Aadhaar Card, Voter ID, Passport, Marriage Certificate in case of spouse)
3. Copy of Aadhar card of the deceased member
4. Copy of Death Certificate of the deceased member issued from the Municipal Corporation
5. No Objection Certificates (NOC) from other dependent(s) of the deceased Member
6. Self-attested copy of the Income Tax Return (ITR) filed by myself for the last Financial Year (if mandatory)
7. Copy of my cancelled cheque with name printed/bank passbook
8. Birth Certificate of minor children(s), if applicable.

I declare that the information provided above is true to best of my knowledge and information. I owe full responsibility to return the financial assistance granted if information provided above are found false to the fact at any point of time.

Yours faithfully,

Signature of Dependent:

Place: _____

Name_____

Date: _____