

PERMANENT DISABILITY GRANT FORM

(To be claimed by registered member only)

| # | Details | Documents required |
|---|-------------------------------|--|
| 1 | Name of the registered member | Produce medical certificates from the Hospital |
| 2 | Start of disability (Date) | |
| 3 | Disability details | |
| 4 | Date of resignation | Produce approved resignation order of the HRMD |

I hereby declare and assure that all the information provided above is true and accurate.

Date:

Signature of the Disabled Registered Member

For BSWS Official Use Only

VERIFICATION:

The documents of the above registered member bearing EID No, CID No, Registration No and approved resignation order Nodated of the HRMD are all checked and deregistered. Accordingly, a grant of Nu may be approved for the disbursement.

(GENERAL SECRETARY, BSWS)

APPROVAL:

Approved and considered for the disbursement of Nu to the above disabled registered member.

(CHAIRPERSON, BSWS)

DISBURSEMENT:

A sum of Nu (in words) is disbursed to Mr/Mrs vide Cheque No dated on (d/m/y).

DISBURSED BY:

RECEIVED BY:

(TREASURER)

(Name, Date & Signature of Claimant with revenue stamp)