***Form 3.5***

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ROYAL CIVIL SERVICE COMMISSION

Civil Servants’ Welfare Scheme

**Claim Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Information about the deceased**
  + Full name:
  + CID no.:
  + Date of death (dd/mm/yyyy):
* If member, provide the information below:
  + EID no.:
  + Agency:
  + Tick ONLY one whichever is applicable:
    1. Member
    2. Superannuated member
    3. Dependent (only if not 1 or 2)

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* + - 1. **Information about the claimant**
* Full name:
* CID no.:
* Mobile no.:
* Relationship to the deceased:
* Name of the bank/branch:
* Bank account no.:
* If member, provide the information below:
  + EID no.:
  + Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Attach the death certificate OR a statement from the Gup certifying the death.**

1. **Undertaking:**

I, hereby do confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect, I shall be liable for action as per the law of the land.

Sd/

Place: (Legal stamp)

Date: Signature

**For official use only**

**Verification by the HR Officer:**

**Crosscheck the following documents (photocopy) as applicable:**

1. Citizenship Identity Card of the claimant
2. Citizenship Identity Card of the deceased
3. Marriage Certificate in case of a claim is being made for the spouse or the photocopy of the letter from the court in lieu of the Marriage Certificate
4. Family Tree from the Dept. of Civil Registration & Census reflecting the CID number allotted to the child in the case of claim being made for the child aged one year and above and 15 years and below
5. Birth Certificate or Health Card in case of a claim is being made for a child aged one year and below
6. Legal adoption paper from the NCWC (for adopted child)
7. CSWS Lifetime Membership Certificate in case of a claim by and for the superannuated member

Date

Name

Signature

Official seal

**Approval by the Head of the Agency**

Date

Name

Signature

Official seal

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*\*Forward the copy of this form to the RCSC*

**Received by the RCSC:**

Date

Name

Signature

Official seal