

**FORM OF PARTICULARS TO BE FILLED UP BY A PERSON CLAIMING MONTHLY FINANCIAL ASSISTANCE FROM THE CHARTERED ACCOUNTANTS' BENEVOLENT FUND**

The Managing Committee  
The Chartered Accountants' Benevolent Fund  
The Institute of Chartered Accountants of India  
ICAI Bhawan, Plot No. A-29, Sector - 62  
**NOIDA - 201309**

Dear Sir,

I request that I may be provided financial assistance for my family members and myself from the Chartered Accountants' Benevolent Fund. I give below the particulars of my income, financial position and requirement of financial assistance.

Please provide complete details:

1		i) Name of the applicant ii) Age iii) Occupation iv) Relation with the member or self	
2		If the applicant is not a Member/past member, the name of the member and membership number to whom he /she is related with the exact relationship	
3		Educational Qualifications if applicant	
4		Membership No. if applicant	
5		If the applicant is a member Whether carrying professional in practice.	
6		If so, the date of starting the practice	
7		Name and address of the firm(s) in which the concerned Member has /had interest. Also, specify the nature of interest.	
8		Whether the firm in which the member was partner had paid any money to the member's family at the time of demise of the member. If so, please give full details thereof.	
9		Whether the legal heir (family members) of the deceased member is entitled to any share of goodwill or any other benefits from the firm in which the deceased was a partner, if yes give full details thereof.	
10		If the member was in employment	
11		Name of the employer and address	
12		Nature of employment with the position held.	
13		Salary last drawn (please attach the Salary certificate)	
14		Benefits, such as Life Insurance, Provident fund, Gratuity, pension etc. payable to the nominee of the deceased member	
15		Date of death (attach attested copy of death certificate)	
16		Age on the date of death	
17		Cause of death and place of death	
18		Whether cause of death is under investigation of Police Or any other authorities. If yes, please give details and status of investigation.	
19		Any monetary compensation received from any other source. If yes, state the amount and source and whether	

		any more amount yet to be received.	
20		Copy of the latest Balance Sheet or Statement of Affairs of the Member/Past Member and details of the applicant's and any family members assets & liabilities should be given.	
21		Whether the member has taken any loan to meet the medical reimbursement from the employer.	
22		Copies of the assessment order for the last 3 years of the member/deceased member together with computation of income and Balance Sheet and income & expenditure	
23		A detailed list of all the assets held in the name of the applicant and other members of the family.	
24		Financial resources of the applicant for current year with proof	
25		Whether owning any immovable property in his /her name and /or in the name of other member(s) of the family. If so please indicate full particulars including the rent realized.	
26		Details of all income and receipt. Indicate separately from each source including if received from Regional Council of the Institute or branch thereof.	
27		What is the source from which the applicant is presently meeting his/her maintenance and expenditure per month	
28		Total monthly expenditure	
29		Detail of the parents /brothers /sisters of the deceased member and their occupation and their income together with source. The details of the financials assistance, if any, provided by them to the applicant.	

30. Particulars of the dependant(s) of the applicant including parents and parent-in-law, if residing with the applicant.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					

31. Particulars of the dependents of the applicant, i.e. son, daughter and any other relatives of the applicant.

S.No	Name	Age	Relationship	Occupation	Annual Income
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					

32. The extent of financial help sought from the Chartered Accountants' Benevolent Fund and state reasons for the same. \_\_\_\_\_  
\_\_\_\_\_

33. Number of years and amount for which assistance received from CABF in the past few years:

S.No	Year	Amount (Rs)	
(i)			
(ii)			
(iii)			

(iv)			
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34. 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	

35. Any other particular or details that the applicant may wish to supply. \_\_\_\_\_

36. I undertake to inform the Member-Secretary, CABF within 30 days in the event of my re-marriage (if applicable).

I hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and I have not concealed any factual information therefrom I am aware that in the event of any information, if found to be false, distorted or twisted later, I will be disqualified from the receipt of any assistance from Chartered Accountants' Benevolent Fund and would be bound to refund the amount even if received already to Chartered Accountants' Benevolent Fund.

Yours faithfully

Signature:

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

Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Tel/Mob No: \_\_\_\_\_

**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"

Signature \_\_\_\_\_

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

Name \_\_\_\_\_

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

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

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

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

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

\*Strike out which not applicable.

\*\* Application without recommendation will not be accepted.