

LIFE CERTIFICATE

[TO BE SUBMITTED BY A PENSIONER ONCE A YEAR IN DECEMBER]

Certified that I have seen the pensioner Shri/ Smt/ Ms _____
holder of Fixed Pension and that He/ She is alive on this Date.

NAME : _____

PLACE : _____

Date : _____

Designation of Authorized Officer : _____

(Signature of the Authorized Official)

(Seal)

ADDITIONAL INFORMATION:

I submit herewith additional details as under:

1. Income Tax PAN _____
2. (a) Mobile Number _____
(b) Alternative Mobile Number _____
3. Permanent Postal Address of the Pensioner : _____

[SIGNATURE OF THE PENSIONER]

NAME OF PENSIONER : _____
SAVINGS ACCOUNT NUMBER : _____
IFS CODE : _____

DATE : ____ / ____ / ____

Special Request:

1. For The WBSCB Ltd , HO, Regional Office(s) or Branches : Any Officer is Eligible to Certify.
2. For Other Bank Branches : Any Officer of the Bank is Eligible to certify.

