

LIFE CERTIFICATE 2024

[This Life Certificate is Valid from January 2024 to December 2024]

It is being certified that I have seen

Shri / Smt. _____,
Holder of The WBSCB Fixed Pension and state that He/ She is Alive on this Date.

NAME OF CERTIFYING OFFICER: _____

BRANCH NAME: _____ Branch / _____ RO / HO Date: ____ / ____ /20__

Designation Certifying Officer: _____ Employee ID: _____

(Full Signature of the Certifying Officer)

(Bank Seal)

TO BE FILLED BY THE PENSIONER

APPLICATION NO

To be filled by
RETAIL SECTION

I submit herewith-additional details as under:

Full Name: _____

PAN no: _____ Date of Birth : ____ / ____ / ____

Permanent postal address of the pensioner: _____

_____ PIN _____

Mobile number: _____

[Existing Pension Account Details]

Pension Account Number: _____

IFS code: _____

DATE: ____ / ____ /20__

[FULL SIGNATURE OF THE PENSIONER]

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

