

FORM NO. XL
[See Rule 284 (2)]
APPLICATION FOR DEATH BENEFIT

1. Name & Address of applicant :
2. Relationship with worker :
3. Name & address of the worker :
4. Registration No. :
5. Age & Date of Birth :
6. Worker whether married :
7. Nature of Death
(Give details) :
8. Details of documents submitted :
9. Amount of financial assistance applied for :

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature

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