भारत सरकार		GOVERNMENT OF INDIA
वित्त मंत्रालय		MINISTRY OF FINANCE
राजस्व विभाग		DEPARTMENT OF REVENUE

केन्द्रीय उत्पाद शुल्क, सीमा शुल्क और सेवा कर आयुक्त का कार्यालय

OFFICE OF THE COMMISSIONER OF CENTRAL EXCISE, CUSTOMS & SERVICE TAX

केन्द्रीय राजस्व भवन / CENTRAL REVENUE BUILDING

आई एस प्रेस रोड : कोच्चि -682018 / I.S. PRESS ROAD : KOCHI – 682 018

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ESTABLISHMENT CIRCULAR NO. 07/2016

Sub: - Submission of pension papers and related matters- reg

1. It is observed that the officers, who are due to retire, submit their pension papers only one or two months prior to their date of retirement. It has been pointed out by the PAO that owing to the delay in submission of the same, the section is forced to complete the procedure for authorization of pension in a haste, which might lead to delay/ error in the process.

2. The officers retiring from service are instructed to submit the following documents in triplicate, **6 months prior to their proposed date of retirement**. The O/o Chief Accounts Officer / Concerned Administrative Officer should ensure the submission of pension papers within the time limit.

I. Form 5 – particulars to be obtained by the Head of Office from the retiring Govt Officers prior to the date of retirement.
II. Form 3 - Details of Family
III. Form 'A' – Nomination for the payment of Arrears of Pension.
IV. Form 1 – Nomination for Death cum Retirement Gratuity.
V. One time option to be exercised by retirees/ pensioners for drawal of fixed medical allowance along with pension papers.
VI. Slip showing the specimen signature, particulars of height, weight, identification marks and thumb impression of the retiree.
VII. Slip showing the specimen signature, particulars of height, weight, identification marks and thumb impression of the nominee for family pension.
VIII. Form I – Form for application for commutation of a fraction of pension without medical examination.
IX. Form 8 - Nomination for benefits under the CGEGIS, 1980.
X. Nomination for GPF.
XI. Form for nomination for benefits of Commutation of Pension.
XII. Form of application for final payment / transfer to corporate bodies/ other Government of balances in the GPF Account.
XIII. Receipt bill for CGEGIS with revenue stamp affixed.
XIV. Annexure III – Application for drawal of pension through public sector banks.
XV. Undertaking to the bank

XVI. Four copies of joint passport size photograph with wife or husband (i.e nominee for family. pension) duly attested by a gazetted officer at the reverse side of the photographs.

3. It is also instructed that any reference/ representation with respect to pension / pensioners should be given **utmost and top priority**, and the matter should be resolved expeditiously. In case the pensioners are still aggrieved, they may approach the jurisdictional Commissioner for redressal of their grievance.

4. This issues with the approval of the Commissioner.

AMARNATH KESARI
JOINT COMMISSIONER (P&V)

To

1. The Chief Commissioner, Cochin Zone, for information
2. All divisions under Cochin Commissionerate – to be displayed in Notice Board
3. The Superintendent (EDP) for uploading in website
4. Notice Board, Hqrs

FORM 5

(See Rules 59(1)(c) and 61(1)

Particulars to be obtained by the Head of Office from the retiring Govt. servant eight months before the date of his retirement.

1.	Name	
2.	(a) Date of Birth	
	(b) Date of Retirement	
3.	Two specimen signature to be furnished in a separate sheet duly attested by a Gazetted Govt. Servant	
4.	Three copies of passport size joint photograph with wife or husband to be attested by Head of Office	
5.	Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Govt. Servant	
6.	Present Address	
7.	Address after retirement	
8.	Name of the Treasury or the Branch of Public Sector Bank or the Pay & Accounts Office through which the pension is to be drawn	
9.	Details of the family in Form 3	
10.	Whether the pensioner/family pension is in receipt of any other pension. If so, its particulars and source from which pension being drawn	

Place: Ernakulam
Date:

Signature:
Designation:

Office Address :

"Accepted"

Head of Office

FORM 3

(See Rule 54(12))

Details of Family

1.	Name of Govt. Servant	
2.	Designation	
3.	Date of Birth	
4.	Date of appointment	
5.	Details of my family members as on *	

S. No.	Name of the members of family	Date of Birth	Relationship with the officer	Initial of Head of Office	Remarks

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office any addition or alternation.

Place:
Date:

Signature of the Government Servant

* Family for this purpose means
(a) Wife, in the case of a male Govt. Servant
(b) Husband, in the case of a female Govt. Servant
(c) Sons, below twenty one years of age and unmarried, daughters, below twenty four years of age, including such son or daughter adopted legally before retirement.

Note: Wife/Husband shall include respectively judicially separated wife and husband.

"Accepted"

Head of Office

FORM A

See Rule 5(5)

Pension Disbursing Authority
Name of the Bank/Treasury/Post Office/Accounts Officer etc.
Place.....

I, ..., ... hereby nominate the person named below under Rule 5 of the payment of Arrears of Pension (Nomination) Rules, 1983.

1.	Name & Address of the Nominee	
2.	Relationship with pensioner	
3.	Date of Birth	
4.	Name & Address of person who may receive the said pension during the nominee's minority	
5.	Name & address of other nominee in case of nominee under column(1) above predecease the pensioner	
6.	Relationship with pensioner	
7.	Date of birth if the other nominee is minor	
8.	Name & address of person who may receive the pension during the other nominee's minority	
9.	Contingency on happening of which nomination shall become invalid	

Place :
Date:

Signature :

Designation:

Date of Retirement:

Witness Signature & Address:

Office from where retired:

(i)

Address:

(ii)

"Accepted"

Head of Office

Acknowledgement

Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office

Certified that application/nomination has been received from .....

Head of Office

Form 1

(See Rule 53(1))

NOMINATION FOR DEATH CUM RETIREMENT GRATUITY

When the Govt. Servant has a family and wishes to nominate one member, or more than one member thereof

I, ..., ... hereby nominate the person/persons mentioned below who is/are member(s) of any family and confer on him/them the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Govt. in the event of my death while in service and the right to receive on my death, to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Original Nominee(s)				Alternate Nominee(s)	
Name & address of Nominee(s)	Relationship with Govt. Servant	Age	Amount of share of gratuity payable to each *	Name, address, relationship and age of the person or persons, if any, to whom the right conferred on the nominee shall pass in the event of the nominee pre-deceasing the Govt. Servant or the nominee dying after the death of the Govt. Servant but before receiving payment of gratuity.	Amount of share of gratuity payable to each **

* This column should be filled in so as to cover the whole amount of the gratuity

** The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s)

This nomination supersedes the nomination made by me earlier on ..... which stands cancelled.

Note (i) the govt. servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed (ii) strike out which is not applicable

Dated ..... day of ....., 20..... at .....

Witness

(i) **Signature of the Government Servant**

(ii) 'Accepted'

Nomination by : .....

Designation & Office .....

(Head of Office)

ONE TIME OPTION TO BE EXERCISED BY RETIREES/PENSIONERS FOR DRAWAL OF FIXED MEDICAL ALLOWANCE ALONG WITH PENSION PAPERS

Authority :

Ministry of Finance, Department of Revenue letter F.No.12/17/98-co-ord Circular No. 16/98 dated 11.02.1998 Communicated in letter No. 45/57/97 P& PW (C) dated 19.12.1997 of the Ministry of Personnel Public Grievances and pension, Department of Pension and pensioner's welfare, New Delhi.

01	Name of the Pensioner/Retiree	
02	Permanent Home address	
03	Whether the place of residence has been included in CGHS	

OPTION

I, ..., ...,

.....(office address) retiring on.....

resident of ..... (full address) hereby opt for the grant of fixed medical allowance of Rs. 300/- (Rupees Three hundred only) per month along with the pension.

Place :
Date :

[.....]
Name & Signature of Pensioner

Option has been accepted and forwarded to pension disbursing authority/PAO for making necessary entries in the PPO Concerned.

Place:
Date:

Head of Office

SLIP SHOWING THE SPECIMEN SIGNATURE OF

SHRI/SMT....., ...

1. .....
2. .....
3. .....

"Attested"

Signature, Name & Designation

SLIP SHOWING THE PARTICULARS OF HEIGHT, WEIGHT AND IDENTIFICATION MARKS OF

SHRI/SMT.....,.....

01. Height : ..... CMS

02 Weight : ..... Kg.

03. Identification Marks:

(a)
(b)

04. Left Hand thumb and finger impressions:

Thumb	Fore-finger	Middle finger	Ring finger	Little finger

"Attested"

Signature, Name & Designation

FORM I

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

(See Rules 5(2),6(1),12,13(1) and 14(1) and (2). 15(1) and (2) and 16(1) and 92)

(to be submitted in duplicate after retirement but within one year of the date of retirement)

PART 1

To

The Additional Commissioner of Central Excise,
Cochin Commissionerate,
Cochin – 18.

Subject: Commutation of Pension without medical examination

Sir,

I,..... desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of pension) Rules 1981. The necessary particulars are furnished below:-

01	Name in Block letters	
02	Father's Name (also Husband's name in the case of female Govt. Servant	
03	Designation at the time of retirement	
04	Name of Office/Department/Ministry in which employed	
05	Date of Birth(in Christian era)	
06	Date of retirement	
07	[1]Fraction of pension proposed to be commuted	
08	Designation of the Accounts Officer who authorized the pension and the No. and date of Pension Payment Order, if issued.	
09	[2] Disbursing authority for payment of pension	
	(a) Treasury /Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated	
	(b)(1) Branch of the Nationalized Bank with complete postal address. (ii) Bank SB Account No. to which monthly pension being credited each month	
	(c) Accounts Office of the Ministry/Department/Office	

Place:
Date :

Signature & Postal Address

1. The applicant should indicate the fraction of amount of monthly pension(subject to maximum of one-third thereof) which desire to commute and not be amount in rupees
2. Score out which is not applicable.

PART II

ACKNOWLEDGEMENT

Received from ....., ..., , (former designation) application in Part I of Form 1 for the commutation of fraction of pension without medical examination.

Place:
Date:

Signature of Head of Office

Note:- If the application has been received by the Head of Office before the expiry of three months before the date of retirement on superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the Form has been received by post, it has to be acknowledged on the same day and the acknowledgment sent under Registered cover to the applicant. In case it is received after the specified date, it should be accepted only, if it has been put into the post on or before that date subject to the production of evidence to that effect by the applicant.

PART III

Forwarded to the Accounts Officer .... (here indicate the address and designation) with the remarks that;

(i) the particulars furnished by the applicant in Part I have been verified and are correct;

(ii) the applicant is eligible to get a fraction of his pension commuted without medical examination

(iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs. ..... /-

(iv) the amount of residuary pension after commutation will be Rs. ..... /-

2. It is requested that further action to authorize the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services(Commutation of Pension) Rules 1981.

1. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the applicant on .....
2. The commuted value of pension is debitable to Head of Account 2071

Place:
Date:

Signature of Head of Office

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEME 1980.

FORM 8

When the Government Servant has a family and wishes to Nominate one member or more than one member thereof.

I, ..., ... hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/them, the right to receive to the extent specified below any amount that may be sanctioned by the CGEGIS 1980 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

	Names and address of Nominee/Nominees	Relation with Govt. Servant	Age	* Share to be paid in each	**Contingencies on the happening of which the nomination shall become invalid**	**Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant.**

NB: The Govt. Servant should drawn line across the blank space below his last entry to prevent insertion any names after he has signed.

Dated this ..... day of ..... 20..... at .....

Signature of two witness:

(i) **Signature of Government Servant**

(ii)

* This column should be filled in so as to cover the whole amount that may be payable under the insurance scheme.

"Accepted"

Head of Office

GENERAL PROVIDENT FUND

Account No:_____

I, ... hereby nominate the person(s) mentioned below who is/are member(s)/non-member(s) of my family as defined in Rule 2 of the General Provident Fund(Central Services) Rules 1960 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before the amount has become payable of having become payable has not been paid.

Name & Full address of the Nominee	Relation Ship with subscriber	Age of the nominee(s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name, Address and relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family, as provided in Rule 2 indicate the reason

Dated ..... day of ..... 20..... at .....

Signature of witness with address

01.

02.

Name in Block Letters & Designation

Space for use by Head of Office/Pay and Accounts Office

Nomination by Shri / Smt. _____Designation : _____
Date of receipt of nomination .....

Head of Office

Instruction for the Subscriber

(1) in case of male subscriber, the wife or nives, parents, children, minor brothers, unmarried sisters, deceased son's widow and children and where no parents of the subscriber is alive, a paternal grant parent.

Provided that if a subscriber proves 'hat his wife has been judicially separated from his or has ceased under the customary law of the community to which the belongs to be entitled to maintenance she shall henceforth be deemed to be no longer a member of the subscriber's family in matters to which these rules relates unless the subscriber subsequently intimates in writing to the accounts officer that she shall continue to be so regarded.

The case on the female subscriber, the husband, parents, children minor brothers, unmarried sisters, deceased son's widow and children and where no parents of the subscriber is alive, a paternal grant parent.

Provided that is a subscriber by notice in writing to the accounts officer express her desire to exclude her husband from her family, the husband shall hence forth be deemed to be longer a member of the subscriber's family in matters to which these rules relate unless the subscriber subsequently cancels such notice in writing.

Note: Child means legitimate child and includes an adopted child where adoption is recognized by the personal law governing the subscriber.

Col 4: If only one person is nominated the word "in full" should be written against the nominee. If more than one person is nominated, the share payable to each nominee over the whole amount of the Provident Fund shall be specified.
Col.5: Death of nominee(s) should not be mentioned as contingency in this column.
Col 6: Do not mention your name

Draw line across the blank space below last entry to prevent insertion of any name after you have signed.

FORM 5

(See Rule 7)

To
Head of Office,
Central Excise, Customs & Service Tax,
Cochin Commissionerate, Cochin - 18

I, _____, hereby nominate the person below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rules 1981.

Name & Address of the Nominee	Relationship with the pensioner	If the nominee is minor		Name and address of other nominee in case the nominee under Col. 1 predeceases the pensioner	Relationship with the Pensioner	Date of Birth if other nominee is minor	Name and address of the person who may receive the same commuted value during the other nominee's minority	Contingency on happening of which nomination shall become invalid
		Date of Birth	Name and address of the person who may receive the same commuted value during the nominee's minority					

Signed on ..... day of ..... 20..... at .....

Witness:

01. **Signature of the Pensioner**

Address :

02.

Accepted

"Head of Office"

Acknowledgement to be sent by the Head of Office

Certified that the nomination (as given overleaf) has been received from .... (Name of pensioner) whose address is ....

Place:
Date : **Signature of Head of Office**

Authority: GOI, Dept. of Pension Welfare Notf. No.34(5)/83-Pension Unit dt.17.4.1985 published in the Gazette of India dt. 4.5.1985.

FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO CORPORATE BODIES/OTHER GOVERNMENTS OF BALANCES IN THE GENERAL PROVIDENT FUND ACCOUNT (For both G.Os and N.G.Os P.F accounts have been departmentalized)

To
The Pay and Accounts Officer,

(Through the Head of Office)

Sir,

I am to retire/have retired/have proceeded on leave preparatory to retirement for ..... months have been discharged/dismissed/ have permenantly been transferred to..... .... have resigned finally from Government service/ have resigned service of ..... Government to take up appointment with .....And my resignation has been accepted with effect from ..... Forenoon/afternoon. I joined service with ..... on ..... Forenoon/afternoon.

2. My Provident fund account No. is.....

3. I desire to receive payment through my office, Particulars of my personnel marks of identification, left hand thumb and finger impression(in the case of illiterate subscribers) and specimen duly attested by a Gazetted Officer of the Government, are enclosed.

PART I

(to be filled in when the application for final payment is submitted upto one year prior to retirement)

4. An amount of Rs. ..... stood to the credit in my General Provident Fund Account as indicated in the accounts statement issued to me for the year..... as appearing in my ledger account being maintained by you. I request that my GPF account may be reviewed and brought upto-date.

5. The under mentioned Life Insurance Policies were being finalized by me from my Provident Fund Account:-

	Policy Number	**Name of the Company**	**Sum assured**
01			
02			
03			

3. I will make another application immediately after last fund deductions has been made from my salary, in Part II of the form.

Yours faithfully,

Place:
Date:

Name & Address

(FOR USE BY HEADS OF OFFICE)

Forwarded to the Pay and Accounts Officer, Custom House, Cochin 9 for necessary action.

2. The Provident Fund Account No. of **Shri/Smt.** ..... (as verified the statements issued to him from year to year) is CHN/CUS.

3. He is due to retire from Government Service on .....

4. Certified that he/she had taken the following advances in respect of which ..... installments of Rs. ..... are yet to be recovered and credited to him/her after the period converted by the aforesaid accounts statement are indicated below:-

	Temporary Advance	Final withdrawais
01		
02		
03		

Signature of Head of Office

PART – II

To be submitted by the subscriber immediately after the last fund deduction has been made from his salary. This part is also applicable to the case of subscribers who apply for final payment for the first time, after the date of superannuation, discharge, resignation etc.

In continuation of my earlier application dated ..... for the final payment of Provident Fund balances, I request that entire balance at my credit with interest due under the rules may be paid to me, or

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to.....
.....

Signature
Name & Address:

(FOR USE BY HEAD OF OFFICE)

Forwarded to the Pay and Accounts Officer, ... for necessary action/in continuation of endorsement No. ..... Dated ..... .

2. He/She is due to retire from service or ..... has proceeding on leave preparatory to retirement for ..... months from ..... Has resigned finally from Government Service /has resigned service under ..... Government to take up appointment with ..... and his/her resignation has been accepted w.e.f. ..... forenoon/ after noon. He /She joined service with ..... on ..... Forenoon/Afternoon.

3. The last Fund deduction was made from his/her pay in this office Bill NO. ..... dated ..... for Rs..... (Rupees ....) Cash voucher No. ..... of .....Treasury, the amount of deduction being Rs. ..... And recovery on account of refund of advance Rs. ..... .

4. Certified that the following temporary advances/Final withdrawals were sanctioned to him/her Provident Fund Account during the 9 months immediately proceeding the date on which the last fund deduction has been made from his/her salary or thereafter.

	Amount of Advance/withdrawal	**Date**	**Voucher No.**
01			
02			
03			

Or

5. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 9 months immediately proceeding the date on which the last fund deduction has been made from his/her salary or thereafter.

	Amount of Advance/withdrawal	**Date**	**Voucher No.**
01			
02			
03			

6. Certified that he/she has not resigned from Govt. Service with permission to the Central Government to take up an appointment in another department of the Central Government or under a State Government or under a body corporate owned or controlled by the State.

Signature of Head of Office

BILL NO. .....

RECEIPT BILL

Received the sum of Rs. ..... (Rupees .....) being the total entitlement of Rs. ..... from the Insurance fund and or of Rs. ..... from the Savings fund, accrued to (Name) **Shri/Smt.....,.....** Group A /B/C/D under the Central Government Employees Group Insurance Scheme 1980.

Dated:

Signature(s) of Recipient(s) :
Name in Block Letters :

(a) FOR USE IN DEPARTMENTAL OFFICE

1. Relevant bio data of the member (i.e. lowest group) Viz. D/C/B/A as on initially joining the scheme on .....
2. Year of acquiring membership of higher group

   (i) C :

   (ii) B :

   (iii) A :

(b) Countersigned for payment of Rs. ..... (Rupees .....only) to claimant(s) crossed cheque/demand draft to be issued in favour of claimant(s).

Signature & Designation of D.D.O.

FOR USE IN PAY AND ACCOUNTS OFFICE

Passed for payment of Rs..... Rupees..... only) Payment through cheque(s)/No(s).....

PAY AND ACCOUNTS OFFICER

ANNEXURE III

APPLICATION FOR DRAWAL OF PENSION THROUGH PUBLIC SECTOR BANKS

(to be submitted in duplicate)

To

The Chief Controller of Accounts,
O/o the Central Pension Accounting Office,
274, Shaheed Captain Gaur Marg,
Shrinivas Puri,
New Delhi 110 065.

Sir,

I opt to draw my pension through Public Sector Bank and given below necessary particulars to enable you to make arrangements in this regard.

1. PARTICULARS OF PENSIONER

(a) Name :
(b) PPO No. :

(c) Present Address :

2. PARTICULARS OF THE AUTHORISED PUBLIC SECTOR BANK

(a) Name :
(b) Branch where payment desired :
(c) BR. Code of the Bank :
(d) IFS Code :
(e) MICR Code :

3. Pensioners **S.B Account No**. at the Branch to which pension is to be credited :

Yours faithfully,

Place :
Dated :

[.....]

Pensioner's specimen signature : .....

.....

FOR USE IN THE OFFICE OF THE PENSION DISBURSING AUTHORITY

Forwarded to the Central Pension Accounting Office for transmission to link branch of the public sector bank ..... (Name of the linker). The Disburser's half of PPO of Shri./Smt. ..... bearing No. ..... is /are sent herewith.

The pensioner has been paid pension for the period upto the month of .....Pension due from the month of ..... Is to be arranged by the Bank.

Place:
Date:

(Pension Disbursing Authority)
(With name and seal)

Form for Family Pension – Nominee (Husband/Wife / Minor Children)

SLIP SHOWING THE SPECIMEN SIGNATURE OF

SHRI/SMT....., H/o/W/o.....

1 .....

2 .....

3 .....

"Attested"

Signature, Name & Designation

SLIP SHOWING THE PARTICULARS OF HEIGHT, WEIGHT AND IDENTIFICATION MARKS OF

SHRI/SMT.....,**H/o/W/o**.....

.....

01. Height : ..... **CMS**

02 Weight : ..... **Kg.**

03. Identification Marks:

(a)
(b)

04. Left Hand thumb and finger impressions:

Thumb	Fore-finger	Middle finger	Ring finger	Little finger

"Attested"

Signature, Name & Designation

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date:

To

The Branch Manager,

.....(Bank)

.....(Branch and address).

Dear Sir,

Payment of pension under A/c No..... through your Bank.

In consideration of your having at my request agreed to make payment of pension due to me every month by credit to my account with you, I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnity the bank from and against any loss suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to be bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature :

Name :

Address. :

Witnessess :

(1) Signature
Name
Address
Date

(2) Signature
Name
Address
Date