LIFE CERTIFICATE: 2027

Valid from 01-01-2027 to 31-12-2027

To be filled by
RETAIL SECTION

PART I: CERTIFICATE OF EXISTENCE (TO BE FILLED BY CERTIFYING OFFICER)

It is 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:** ____ / ____ /202___

Designation Certifying Officer: _____ **Employee ID:** _____

_____ _____
(Full Signature of the Certifying Officer) **(Bank Seal)**

PART II: PENSIONER'S PARTICULARS (TO BE FILLED BY PENSIONER)

I submit herewith additional details as under:

Pensioner's Name: _____

In Case of **SPOUSE PENSION mention Deceased Ex-Employee Name:**

Sri / Smt _____

Retired as (**Please ✓**) : OFFICER ☐ CLERICAL ☐ SUB-STAFF ☐

Date of Retirement: ____ / ____ / _____

PART III: EXISTING PENSION ACCOUNT DETAILS (TO BE FILLED BY PENSIONER)

Account Number: _____ IFS Code: _____

Bank Name & Branch: _____

I hereby declare that the particulars provided above are true and correct to the best of my knowledge and belief.

DATE: ____ / ____ /202_ _____
[FULL SIGNATURE OF THE PENSIONER]

Mobile number: _____

INSTRUCTION FOR CERTIFYING OFFICER

- ***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. [Office ID Details are Mandatory]*

☎ 6290829907/ 08 / 09 [EXT : 134] ✉ retail@wbstcb.bank.in 🌐 www.wbstcb.bank.in