

**Rashtriya Chemicals & Fertilizers Limited**  
Hospital KYC Form (Mandate Form) for Retired Employees

|   |  |
|---|--|
| S.N. File (for office use only)                                 |  |
| <b>FIRST Beneficiary Details:(Employee Details)</b>             |  |
| Full Name: Mr/Mrs/Ms  |  |
| Employee ID (Ticket No.)  |  |
| Reason & Saperation date  |  |
| Address:  |  |
|   |  |
| City  |  |
| State   |  |
| Pin code  |  |
| Mobile Number (Mandatory)                                       |  |
| E-mail ID (Mandatory)   |  |
| Pan Card Number (Mandatory)                                     |  |
| Adhaar (UID) No.  |  |
| <b>Second Beneficiary Details:(in case of employee expired)</b> |  |
| Full Name: Mr/Mrs/Ms  |  |
| Employee ID (Ticket No.)  |  |
| Relation with Employee  |  |
| Date of Death (Employee)  |  |
| Address:  |  |
|   |  |
| City  |  |
| State   |  |
| Pin code  |  |
| Mobile Number (Mandatory)                                       |  |
| E-mail ID (Mandatory)   |  |
| Pan Card Number (Mandatory)                                     |  |
| Adhaar (UID) No.  |  |
| <b>BANK DETAILS:</b>  |  |
| BANK Account No   |  |
| IFSC Code   |  |
| MICR No.  |  |
| Bank Name   |  |
| Branch Name   |  |
| Address:  |  |
|   |  |
| City  |  |
| State   |  |
| Pin code  |  |

Signature and Name of Claimant  
Name:  
Employee's Designation

**Required Documents:**

- 1) Cancelled Original Cheque
- 2) Xerox Copy of PAN card (Self attested)
- 3) Xerox Copy of Adhaar Card(self-attested)
- 4) Xerox Copy of Bank Pass-Book (Self attested)
- 5) Self attested Xerox Copy of Death Certificate (in case of beneficiary has expired)

**NOTE: IF ANY CHANGES OCCURS IN FUTURE ABOUT ABOVE INFORMATIONS, MAY INFORMED IMMEDIATELY.**