

# WCL/SECL

## FORM K

( See sub rule (3) of Rule 7 )  
Application for gratuity by legal heir

i.e. Sub Area Manager, \_\_\_\_\_  
(Give here the name or description or the establishment with full address.)

Sir/Gentleman,

I beg to apply for payment of gratuity to which I am entitled under Sub Section (1) of section 4 of the payment of gratuity Act., 1972 as a legal heir of late Shri \_\_\_\_\_ (name of the employee) who was an employee of your establishment and died on the \_\_\_\_\_ (date) without making any nomination. The gratuity is payable on account of death of the aforesaid employee while in service/upon annuation of the aforesaid employee on the \_\_\_\_\_ (date) retirement or resignation of the aforesaid employee on the \_\_\_\_\_ (date) after completion of \_\_\_\_\_ (number) years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the \_\_\_\_\_ (date). Necessary particulars relating to my claim are given in this statement below :

### STATEMENT

1. Name of applicant legal heir : \_\_\_\_\_
  2. Address in full of applicant legal heir : \_\_\_\_\_
  3. Marital status of the applicant legal heir : \_\_\_\_\_  
(unmarried/married/widow/widower)
  4. Name in full of the employee : \_\_\_\_\_
  5. Relationship of the applicant with the employee : \_\_\_\_\_
  6. Religion of both the applicant and the employee : \_\_\_\_\_
  7. Date of appointment and total period of service of the employee : \_\_\_\_\_
  8. Department/Branch/Section where the employee worked last : \_\_\_\_\_
  9. Post last held by the employee with ticket No. or SI. No. if any : \_\_\_\_\_
  10. Total wages last drawn by the employee : \_\_\_\_\_
  11. Date & Cause of termination of the employee (Death or otherwise) : \_\_\_\_\_
  12. Date of death of the employee and evidence/witness in support thereof : \_\_\_\_\_
  13. Total gratuity payable to the employee : \_\_\_\_\_
  14. Percentage of the gratuity claimed : \_\_\_\_\_
  15. Basis of the claim and evidence/witness in support thereof : \_\_\_\_\_
2. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.
3. Payment may please be made in cash/open or crossed bank cheque.
4. As the amount payable is less than Rs. 1000/- I shall request you to arrange for payment of the sum due to me by postal order/money order at the address mentioned above after deducting postal order/Money order commission therefrom.

Place :

Date :

Yours faithfully,