

ANNEXURE IX

Advice Form for Transfer of Account

Office of the

- 1. Name and designation of transferred Employee :
- 2. Date on which the Employee joined the scheme :
- 3. Date of transfer :
- 4. Transferred from :

(Name of Office)

- 5. Transferred to :

(Name of Office)

- 6. Rate of subscription :
- 7. Amount of Deposit transferred :
- 8. Month up to which Deposits were made :
- 9. Remarks :

Signature of the Drawing and Disbursing
Officer

Place :

Date :