

FORM OF PARTICULARS TO BE FILLED UP BY A PERSON CLAIMING ASSISTANCE FROM THE CHARTERED ACCOUNTANTS' BENEVOLENT FUND

To

The Member -Secretary
The Chartered Accountants' Benevolent Fund
I.P.Marg
New Delhi-110002

Sir,

I request that I may be provided with an allowance to maintained myself and my family members from the Chartered Accountants' Benevolent Fund. I give below the particulars regarding my needs and my sources:

1. (a) Name of the applicant :
- (b) If the applicant is not a Member/past member, the name of the member and membership number to whom he/she is related with the exact relationship :
2. Educational Qualification :
3. Membership No. for 1 (a) or 1 (b) :
4. (a) If the applicant is a member Whether he is in practice. :
- (b) If so, the date of starting the practice :
- (c) The name and address of the Firm (s) in which the concerned Member has/had interest. Also specify the nature of interest. :
- (d) Whether the firm in which the member was partner had paid any money to the member's family at the time of demise of the member If so please give full details thereof :
- (e) Whether the legal heir (family member) of the deceased member is entitled to any share of goodwill or any other benefit from the firm in which he/she was partner. If so, please give full details thereof. :
- (f) Copy of the latest Balance Sheet or Statement of Affairs of the Member/Past Member and details of the applicant's and any family members assets & liabilities should be given. :

5. If the member is in employment

- (a) Name of the employer
- (b) The nature of employment with the position held.
- (c) Salary last drawn (please attach the Salary certificate)
- (d) Benefits, such as Life Insurance, Provident Fund, Gratuity, Pension Etc. payable to the nominee of the to the nominee of the deceased member
- (e) Whether the member has taken any loan to meet the medical reimbursement from the employer.

- 6.
- (a) Copies of the assessment order for the last 3 years of the member/deceased member together with computation of income and balance sheet and income and expenditure A/C.
 - (b) A detailed list of all the assets held in the name of the applicant and other members of the family

7. Financial resources of the applicant

- (a) Whether owning any immovable property in his/her name and /or in the name of other member (s) of the family. If so, please indicate full particulars including the rent realised.
- (b) Details of all income and receipt indicate separately from each source including Regional Council of the Institute or any branch therefore.
- © What is the source from which the applicant is presently meeting his/her maintenance and expenditure per month incurred
 - i) Total monthly expenditure
 - ii) Specify each source separately from which expenditure is met.

8. Whether the applicant is separately or in joint family
9. Details of the parents/brother/children if the deceased member and their occupation and their income together with sources. The details of the financial assistance, if any, provided by them to the applicant.
10. Particulars of the dependents of the applicant

| S.No | Name | Relation ship | If a student the class in which studying | Whether he/she is receiving any scholarship Stipend etc. |
|------|------|---------------|--|--|
|------|------|---------------|--|--|

i)

ii)

iii)

11. Particulars of other relatives of the applicant, i.e. son, daughter, person maintaining the applicant etc

| S.No. | Name | Age | Relationship | Occupation | Annual Income |
|-------|------|-----|--------------|------------|---------------|
|-------|------|-----|--------------|------------|---------------|

i)

ii)

iii)

12. The extent of financial help sought from the Chartered Accountants' Benevolent Fund and reasons for justification for same.

13 Number of years and amount for which assistance was given from CABF in the Past

| S.No | Year | Amount |
|------|------|--------|
| i) | | |
| ii) | | |
| iii) | | |
| iv) | | |

14. Any other particulars or details that the applicant may wish to supply.

I have checked the particulars given above for any omission and errors. To the best of my knowledge information reported above is complete and correct.

Yours faithfully

Place.....

Signature.....

Date

Name

RECOMMENDATION

*Recommendation of the Central Council Member / Chairman/ Vice-Chairman/ Secretary of the Regional Council or Branch of the Regional Council.

"I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is deserving case and financial assistance from the Chartered Accountants' Benevolent Fund may be sanctioned as per the guideline

Signature.....

Place:

Date

*Strike out which is not applicable