

ANNEXURE

Date: _____

To,
The Assistant General Manager
Union Bank of India, HR Suvidha

Sub: Declaration of Dependent(s) for LFC

I have applied for LFC on declaration/LFC Advance/LFC Final Claim as on _____ for my travel from _____ to _____ under LFC Block from _____ to _____ & LFC Term from _____ to _____. In this regard, I would like to declare the following: (Tick the relevant/ applicable boxes)

- 1. I declare that none of the Family members (other than spouse) shown as dependents have income exceeding Rs.10000/-p.m. from any source and are covered under the definition of Family as per Xth Bi-partite Settlement/Joint Note dated 25.05.2015 (Staff Circular No. 6211 and 6212 dated 30.06.2015)
- 2. I declare that child/children for whom the LFC is being claimed as dependent (s) is/are unmarried (including step children and legally adopted children).
- 3. I declare that my Parents or Parents-in-law for whom LFC is claimed as dependent (s) do not have individual or aggregate income exceeding Rs.10000/-p.m. from any source and they are wholly dependent on me. I further declare that no other member of my Parent's family or Parents-in-law family or my spouse will be claiming this facility for them.
- 4. I declare that my Spouse (if working in Union Bank of India) has not availed LFC in my above 4 year block or will not avail LFC until my above 4 year Block expires.
- 5. I declare that my daughter/s for whom LFC is being claimed is/are widowed/divorced/separated and is/are wholly dependent on me.
- 6. I declare that my sister/s for whom LFC is being claimed is/are unmarried/divorced/abandoned/widowed/separated from husband and is/are wholly dependent on me.
- 7. I declare that my brother / sister for whom LFC is claimed is/are physically/mentally challenged with 40% or more disability and is/are wholly dependent on me.

Details of dependents for whom I want to claim LFC (All fields are mandatory)

Name	Relationship	Occupation (student,housewife, employed/unemployed, pensioner/family pensioner etc)	Married/ Unmarried Widowed/divorced Separated. (Refer point no 2,5 &6)	Please mention Monthly income in Rs. (Refer point No 1 & 3)	Basis of arriving monthly income	of at	Physically/ mentally challenged (Refer point No 7) (Yes/ No)

I hereby confirm that the aforesaid information given by me is correct and as per the definition of family described in Bi-partite Settlement/Joint Note dated 25.05.2015. If any statement is found to be incorrect/false later on, the Bank has right to recover the LFC amount sanctioned to me and initiate disciplinary action as per the provisions of disciplinary rules/regulations applicable to me.

Yours faithfully

***** Note:**

Officers: 4 years LFC block/2 years LFC term
Award Staff: 2 years LFC block/2years LFC term
4 years LFC Block/4 years LFC term

Signature of the employee
Name:
Emp. No:
Phone No: