

**BARODA GUJARAT GRAMIN BANK**

(Sponsored &amp; Wholly Owned by Govt. of India, Govt. of Gujarat &amp; Bank Of Baroda)

(Scheduled Bank)

**बड़ौदा गुजरात ग्रामीण बैंक**

(भारत सरकार, गुजरात सरकार एवं बैंक ऑफ बड़ौदा का सम्पूर्ण स्वामित्व)

(शिडयूल्ड बैंक)

**ANNEXURE – I****STANDARD OPERATING PROCEDURE :**

**Action by applicant :** The resigned / compulsorily retired / Eligible Family members I case of death of the resigned / compulsorily retired staff to visit any Branch within area of operation of Baroda Gujarat Gramin Bank from where he/she wish to draw pension/family pension sanctioned having complied pension regulation , need to submit in quadruplicate [4] in original, following documents on or before 03-10-2024.

**List of documents to be submitted for pension / family pension**

SN	Particular of Form/Document	Pension	Family Pension
1	ANNEXURE	ANNEXURE: III,IV	ANNEXURE:III,IV
2	Option form	Format-2	Format-3
3	Salary certificate	Format-4 [last 10 months]	Format-4 [last 1 months]
4	Life certificate	Format-6	Format-6
5	Non-employment/Non-marriage	Format-7	Format-8
6	Undertaking	Format-9,10	Format-10
7	Form of Nomination	Format-11	Format-11
8	Application	Format – 1/ANNEX-II	Format-12
9	Proposed pension paying branch clearance	Format-13	Format-13
10	KYC DOCUMENTS	PAN Card Adhar Card Voter Id Card	PAN Card Adhar Card Voter Id Card
11	Bank Provident Fund Contribution : EPFO PF Passbook &/or certified Bank account passbook displaying PF Credit entry	Yes	Yes
12	Pension under EPS,1995 from EPFO : Attach copy of bank account passbook displaying credit entries for pension under EPS,1995/PPO issued by EPFO	Yes	Yes
13	Notarized Affidavit declaring amount of withdrawal made from Bank PF share	Yes	Yes
14	Bank account passbook compulsorily with branch of BGGB	Yes(Joint with spouse)	Yes
15	Death certificate	NA	Yes
16	Mobile Number and Email address	Yes	Yes
17	Passport size photographs	3(Jt. with spouse)	3 (applicant)
18	Disability certificate	NA	Yes

On receipt of the above claim documents for pension/family pension, the claim will be scrutinized by Pension Cell and will convey as under:

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**[A] In case of Sanction :**

(i) The sanction will be conveyed mentioning the details of Bank's contribution to Provident Fund amount (along with accumulated interest thereon) received by he/she at the time of their resignation or later to be refunded in BGGB Pension Trust Account for joining the Pension scheme from the date of retirement,

(ii) Subsequently, if resigned staff / family member refuses to refund the Bank's Contribution to PF , it will have to be submitted in writing ,

(iii) once refusal for refund is received at Head Office, no request shall be entertained for re-consideration of request.

**[B] In case of rejection :** The rejection will be conveyed to resigned staff / family member under proper acknowledgement.

Note : Only on receipt of confirmation from Pension Cell and fulfillment of other terms and condition will be treated as option for pension in terms of various provisions of the Pension Regulation.

**[C] Release of Pension :**

Upon refund of the Bank's PF contribution by the resigned staff/family member and fulfillment of other terms and condition, the pension claim will be finalized and released in the succeeding month in which Bank's PF contribution is refunded after getting approval from the competent authority.

**Note :**

(i) Pension shall be computed as per the applicable provisions of the Pension Regulation as applicable to relevant Bi-partite Settlement/Joint Note in which he/she relieved,

(ii) Commutation (if applied) will be extended as per the extant guidelines/amendments of Pension Regulation as per Government of India directives.

For any clarification in SOP / Guideline / Scheme / - branches / Regional Offices should contact Head Office.

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(शिडपूल्ड बैंक)

**ANNEXURE - III**

To  
The Trustee,  
Baroda Gujarat Gramin Bank  
Employees' Pension Fund  
Trust,  
Vadodara

**UNDERTAKING**

**Sub :** Exercise of option for pension in terms of the direction of Hon'ble Supreme Court of India in Contempt Petition No.1798 of 2018

In accordance with the direction of Hon'ble Supreme Court of India in Contempt Petition No.1798 of 2018 and subsequent direction from NABARD, an announcement for exercising an option has been made by the Bank on \_\_\_\_\_ and I am eligible for exercising an option for pension as I satisfy all the conditions stipulated in the above mentioned directions, which also require that I have to submit an undertaking for exercising the option and hence I am submitting the undertaking as under :

1. I hereby unequivocally and unconditionally agree to withdraw any pending legal proceedings initiated by me either individually or along with others where in my right, to opt for pension, though I had resigned from the services of the Bank, is directly or indirectly one of the issues for consideration by the concerned court or authority, having jurisdiction and powers to adjudicate or decide such issue and take necessary steps to ensure that I cease to be party to such pending proceedings and my right, to opt for pension is no longer Res Integra in such proceedings concerning such right in future.
2. In the event of breach of undertaking on my part the Bank shall be entitled to suspend payment of pension until I submit necessary evidence to establish that I have complied with the undertaking.

Yours faithfully,

Signature

Name in full :  
Employee Id :  
Retirement Designation :  
PPO No.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

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(शिडपूल्ड बैंक)

**ANNEXURE - IV****IDENTIFICATION FORM**

1	Employee's Name	
2	Employee No.	
3	Designation on date of resignation/compulsory retirement/dismissal	
4	Last place of posting	
	[a] Name of Branch/Office	
	[B] SOL ID	
	[C] Name of Region	
5	Gender (Male/Female)	
6	Identification mark	
7	[a] Present address [including City, District, State and Pin Code]	
	[b] Permanent address [including City, District, State and Pin Code]	
	[c] Communication details [mandatory] : [a] Mobile	
	[b] e-mail id	
8	PAN No. (attach self attested copy)	
9	AADHAR No. (attach self attested copy)	
10	Attach Death certificate if spouse is not alive	
11	Remark, if any	

Specimen signature of Left/Right thumb impression of the employee

\_\_\_\_\_

employee in case illiterate employee

\_\_\_\_\_

**JOINT PHOTO OF  
EMPLOYEE &  
SPOUSE**

(Photo to be signed/sealed by branch and if spouse is not alive death certificate to be attached)

Verifying branch

Signature with seal	
Name of branch head	
Designation	
SOL ID	
Employee Id	
Branch/Office Name	
Date	



**FORMAT - 2**  
**BARODA GUJARAT GRAMIN BANK**  
**Head Office: BHARUCH, Dist. BHARUCH**

**Option Form to be filled in by the Retired Employees of the Bank**  
**(To be submitted in quadruplicate through the Branch / Office from where retired)**

Date of receipt of application at Branch / Office		<b>FOR HO USE ONLY</b>  <b>OPTION NOTED IN SERVICE RECORD</b>   <b>(Signature of the concerned Authority at HO with date)</b>
Forwarded on		
Forwarded by		
Signature with office seal (Branch/Office)		

The Chairman  
Baroda Gujarat Gramin Bank  
Head Office - Bharuch

Date: \_\_\_\_\_

I hereby declare that I have read and understood the Baroda Gujarat Gramin Bank (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorise the EPFO / RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to me on my retirement. I also undertake to refund my non-refundable withdrawal from EPF balance (Bank's contribution component), if any, together with interest at EPF rate from time to time.

1. Signature: \_\_\_\_\_
2. Name in Full (in Block letters): \_\_\_\_\_
3. Designation (at the time of retirement): \_\_\_\_\_
4. E P F No: \_\_\_\_\_
5. Present Residential Address: \_\_\_\_\_  
\_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Date of joining in the Bank' service: \_\_\_\_\_
8. Date of retiring from the Bank' service: \_\_\_\_\_
9. Branch / Office from where retired: \_\_\_\_\_ Branch / Office.
10. Branch from where pension to be drawn: \_\_\_\_\_ Branch

(Signature to be attested by the Branch/Office Head with Office Seal)





**FORMAT - 4**  
**BARODA GUJARAT GRAMIN BANK**  
**BRANCH / OFFICE**

Ref: \_\_\_\_\_

The Chairman  
Baroda Gujarat Gramin Bank  
Head Office - Bharuch

Date: \_\_\_\_\_

Dear Sir,

**Sub: Ten months (prior to death/retirement) average pay & allowances of Shri/Smt. \_\_\_\_\_ (EPF No \_\_\_\_\_)**

We are furnishing below the 10 months (prior to death/retirement) average pay & allowances of Shri /Smt. \_\_\_\_\_

Designation (Last) \_\_\_\_\_, EPF No \_\_\_\_\_  
who retired / died on \_\_\_\_\_ for calculation of pension under Baroda Gujarat Gramin Bank (Employees') Pension Regulations, 2018.

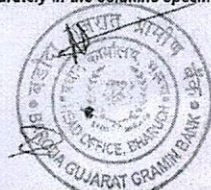
1. Basic Pay	
2. Stagnation increment	
3. Pay and Allowances rank for DA	
a) (Mention nature of allowance)	
b)	
c)	
d)	
4. Period of Extra Ordinary Leave on Loss of Pay sanctioned by the Competent Authority and enjoyed during the Service Period	
5. Leave Without Pay during Service Period	

Yours faithfully,

Signature with Seal

....., Branch

Note: 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation 36 of Baroda Gujarat Gramin Bank (Employees') Pension Regulations, 2018





**FORMAT – 4 (PAGE – 2)**

\_\_\_\_\_ **BRANCH / OFFICE**

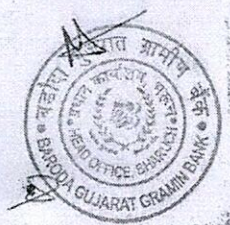
**DETAILS OF LAST TEN MONTHS SALARY**

<b>MONTHWISE BREAK UP YEAR &amp; MONTH →</b>										
<b>1. Basic Pay</b>										
<b>2. Stagnation increment</b>										
<b>3. Pay and Allowances rank for DA</b>										
a) (Mention nature of allowance)										
b)										
c)										
d)										
<b>TOTAL</b>										
<b>AVERAGE</b>										

**Note:** 1. Delete which is not applicable 2. No columns should be left blank 3. Basic Pay & Stagnation Increment to be reported separately in the columns specified 4. For arriving at the ten months' average please refer to Regulation 36 read with Regulations 2 (c) & 2 (t) of Baroda Gujarat Gramin Bank (Employees') Pension Regulations, 2018

**Date** \_\_\_\_\_

**Signature with seal**





**FORMAT - 6**

..... STAFF PENSION* (GENERAL PENSION)		Customer ID	
..... FAMILY PENSION*		S B A/C No	

(\*Please ✓ as applicable)

**LIFE CERTIFICATE**

*(To be submitted by the Pensioner once in a year in November)*

Certified that I have seen the pensioner ..... (name)

.....

.....(address) holder of PPO No..... and that he /she is alive on this

day. His / Her AADHAAR No .....

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:..... Name:.....

Place:..... Designation:..... Branch:.....







**FORMAT -7**

**Acceptance/ Non-acceptance of Commercial Employment**

I declare that I have not accepted commercial employment in India.

OR

I declare that I have accepted commercial employment in India w.e.f..... after obtaining previous sanction of the Bank and none of the conditions, if any, attached thereto by the bank has been violated.

OR

I declare that I have accepted commercial employment in India w.e.f..... without obtaining the sanction of the Bank

Date: .....

Signature of the Pensioner

Name of the pensioner: ..... PPO No:

SB (Pension) Account No ..... Mobile: .....

*Note: This declaration is required to be submitted for a period of two years from the date of retirement.*





**FORMAT - 9**

**Letter of undertaking by the Pensioner**

**The Branch Manager**

Date : \_\_\_\_\_

**Baroda Gujarat Gramin Bank**  
.....**Branch**

Dear Sir,

**Sub: Payment of Pension under PPO No. \_\_\_\_\_**  
**through your Branch.**

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No \_\_\_\_\_ with you I, the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank Account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

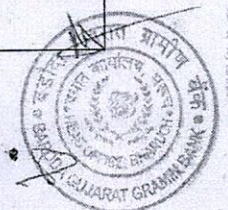
Signature in full : \_\_\_\_\_

Address (in block letters) : \_\_\_\_\_

Phone/Mobile No \_\_\_\_\_

Witness

Signature		
Name		
E.P.F No		
Address		





**FORMAT – 10**

**Letter of undertaking by the Pensioner and Family Members / Nominees**

**The Branch Manager**  
**Baroda Gujarat Gramin Bank**  
.....**Branch**

Date: \_\_\_\_\_

Dear Sir,

**Sub: Payment of Pension under PPO No. \_\_\_\_\_ through your Branch**

In consideration of making payment of Pension as per the Baroda Gujarat Gramin Bank (Employees') Pension Regulations 2018, I / We do hereby solemnly, sincerely and conscientiously declare and say as under

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me/ us.

Yours faithfully,

Signature (Pensioner) ; \_\_\_\_\_

Signature of Family Members / Nominees: \_\_\_\_\_

Witness

Signature		
Name		
E.P.F No		
Address		





**FORMAT - 11**  
**FORM OF NOMINATION**

To  
THE TRUSTEES, BARODA GUJARAT GRAMIN BANK (EMPLOYEES') PENSION FUND

I, \_\_\_\_\_ PPO No/ EPF No \_\_\_\_\_ hereby nominate the person(s) named below and confer on him / them the right to receive, to the extent specified below, the amount of pensionary benefits under the Pension Regulations in the event of my death before the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)	Date of Birth	IF NOMINEE IS MINOR
					Name & address of the person who may receive the said pension during the nominee's minority
(1)	(2)	(3)	(4)	(5)	(6)

Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth, if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on \_\_\_\_\_ which stand cancelled.

Place: \_\_\_\_\_

Signature / Thumb Impression (if illiterate) of Pensioner/Employee

Date: \_\_\_\_\_

Name of Pensioner/Employee : \_\_\_\_\_

WITNESS : 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

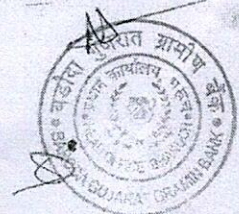
Signature  
EPF No \_\_\_\_\_

Signature  
EPF No \_\_\_\_\_

ATTESTED by the Pension Disbursing Branch/ Deptt. at H O / Branch

SEAL OF ATTESTING AUTHORITY

*NOTE:1. If the employee has a family, the nomination shall not be in favour of any person or persons other than the members of the family. 2. If the employee has no family, the nomination may be made in favour of person or persons, or a body of individuals whether incorporated or not. 3. Strike out which is not applicable.*



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(शिडयूल्ड बैंक)

**ANNEXURE -II****FORMAT – I : OPTION CUM APPLICATION FORM**

To  
The Trustee,  
Baroda Gujarat Gramin Bank  
Employees' Pension Fund  
Trust,  
Vadodara

JOINT PHOTO OF  
PENSIONER &  
SPOUSE

Photo to be signed/sealed by branch

**Reg : Application for pension**

I, \_\_\_\_\_ (Name of the employee) , Emp. No. \_\_\_\_\_, resigned/compulsorily retired/voluntarily retired/dismissed etc. from the Bank's service w.e.f \_\_\_\_\_.

I opt to draw my pension through branch mentioned below. The necessary particulars are furnished below :

[I] Personal DATA	
1	As per PF passbook
	[a] PF number
	[b] Employee's Name (in Capital letter)
	[c] Monthly Pension received from EPFO under EPS, 1995 as per PPO (attach PPO copy)
2	Father / husband name
3	Gender (Male/Female)
4	Date of birth (DD/MM/YEAR)
5	Date of joining bank's service and RRB name
6	Date of relieving from bank's service
7	Mode of retirement
8	[a] Designation on date of relieving
	[b] Scale / Grade
9	In case of sub-staff joined bank as
	[a] Office attendant (Multipurpose)
	[b] Specify, if not [i]
	[c] Date of joining PF
10	Identification mark
11	Last place of posting
	[a] Name of Branch/Office
	[B] SOL ID
	[C] Name of Region
12	[a] Present address [including City, District, State and Pin Code]
	[b] Permanent address [including City, District, State and Pin Code]
	[c] Communication details : [i] Mobile
	[ii] e-mail id

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13	Branch of BGGB from where pension is proposed to be drawn					
14	Saving account number with BGGB designated for crediting pension					
15	Number of Loss of pay throughout career Give year-wise break up					
16	Suspension period ( if any )					
17	Details of Bank PF contribution received			Dt. of receipt:		Rs.
<b>[ii] Personal Data of Spouse</b>						
18	[a] Full name					
	[b] Gender					
	[c] Date of Birth					
	[d] Address [including City, District, State and Pin Code]					
	[e] Mobile No.					
	[f] E-mail id					
19	Identification mark					
<b>[iii] Details of children</b>						
SN	Name	Relationship	Date of birth	Occupation	Income per month	Disability% , if any

Date-  
Place-Signature of Resigned/Compulsorily Retired/Dismissed Employee  
Name :  
Emp. No. :



**FORMAT - 13**  
**BARODA GUJARAT GRAMIN BANK**  
**Head Office: BHARUCH, Dist. BHARUCH**

**Clearance / Pre-disbursement formalities to be furnished by  
the proposed Pension Paying Branch**

01. Date of Report	
02. Name of the Pension Paying Branch	
03. Branch Code No / SOL ID	
04. Pensioner's name	
05. Pension Type (General or /Family Pension)	
06. PPO No / EPF No (in case of Family Pension , mention EPF No of original pensioner	
07. S B Account No	
08. Date of Certificates	
a) Life Certificate	
b) Non-Marriage/Re-Marriage Certificate (For Family Pensioner only)	
c) Non-Employment/Re-Employment Certificate	
d) Disability Certificate	
09. Whether Undertaking for refund of Excess Payment is taken	YES / NO

**Branch Manager**  
(Please use Branch Seal)

.....Branch  
**Baroda Gujarat Gramin Bank**

Date: \_\_\_\_\_



On Stamp of Rs.300/-

**AFFIDAVIT-CUM-DECLARATION**

I, \_\_\_\_\_ s/o \_\_\_\_\_ aged \_\_\_\_\_ years, presently residing at \_\_\_\_\_ (Place), and with Permanent Address at \_\_\_\_\_ (street/area), \_\_\_\_\_ (village/city), \_\_\_\_\_ (district), Gujarat (state), do hereby solemnly affirm and declare, as under :-

1. I have retired from \_\_\_\_\_ (Gramin Bank Name) \_\_\_\_\_ (Branch/Office) \_\_\_\_\_ (Region), as \_\_\_\_\_ (Post/Cadre), on \_\_\_\_\_ (Date of Retirement/ reliving). My PF Account Number on the date of my retirement/ reliving is GJ/\_\_\_\_\_

2. I hereby declare that I have read the Baroda Gujarat Gramin Bank (Employees') Pension Regulation, 2018, and have opted voluntarily to become a member of the Bank's Pension Scheme. I further undertake and agree to abide by the Baroda Gujarat Gramin Bank (Employees') Pension Scheme, 2018, adopted by the Bank for the purpose.

3. That my Provident Fund Account No. GJ/\_\_\_\_\_ is maintained with the Regional Provident Fund Commissioner, Employees Provident Fund Organization, Regional Office, Vadodara/ Ahmedabad/\_\_\_\_\_.

4. I further declare that I have withdrawn sum of Rs. \_\_\_\_\_ on \_\_\_\_\_ (Date/Year) from Bank's contribution from the Employees' Provident Fund Organization.

5. I irrevocably authorize the RPF, EPFO to transfer the entire contribution of the Bank along with interest thereon to the credit of BGGB Pension Fund and adjust Bank's contribution component including my non-refundable withdrawal from EPF balance (Bank's contribution component), with interest thereon, in the BGGB Pension Fund. I further irrevocably authorize the Bank/ BGGB Pension Fund to deduct from the Pension Amount payable by the Bank to me, the Employees' Pension amount ₹\_\_\_\_\_ every month being paid and/or to be paid by the RPF, EPFO under EPS.

6. As I have applied for the commutation of Pension, I irrevocably authorize the Bank/the Baroda Gujarat Gramin Bank (Employees') Pension Fund Trust to hold the commutation amount payable to me till refund of entire FPF/EPF, and as also, the refund of the partial/full withdrawal of FPF, if availed by me, to the credit of the Bank/BGGB (Employees') Pension Fund Trust.

7. I, further undertake to refund excess amount or any amount of Pension/commutation part amount paid inadvertently/not entitled to rightfully, either by credit to my savings account or otherwise. I irrevocably authorize the Bank to forthwith recover the same by debit to my Savings Bank Account No. \_\_\_\_\_ maintained with Baroda Gujarat Gramin Bank, \_\_\_\_\_ Branch, or if need be, by recourse to legal action in the appropriate court of law.

**ATTESTATION**

I, \_\_\_\_\_ s/o \_\_\_\_\_ do and hereby attest and re-affirm that the statement made herein above by me, is true and correct to the best of my knowledge and belief. I know that furnishing wrong declaration is a punishable offence as per Bhartiya Nyaya Sanhita.

I hereby sign and execute this Affidavit-cum-Declaration, as a mark of my attestation.

(DECLARANT)

Place: \_\_\_\_\_

Date: \_\_\_\_\_, 2024

.....  
OATH COMMISSIONER/NOTARY PUBLIC