

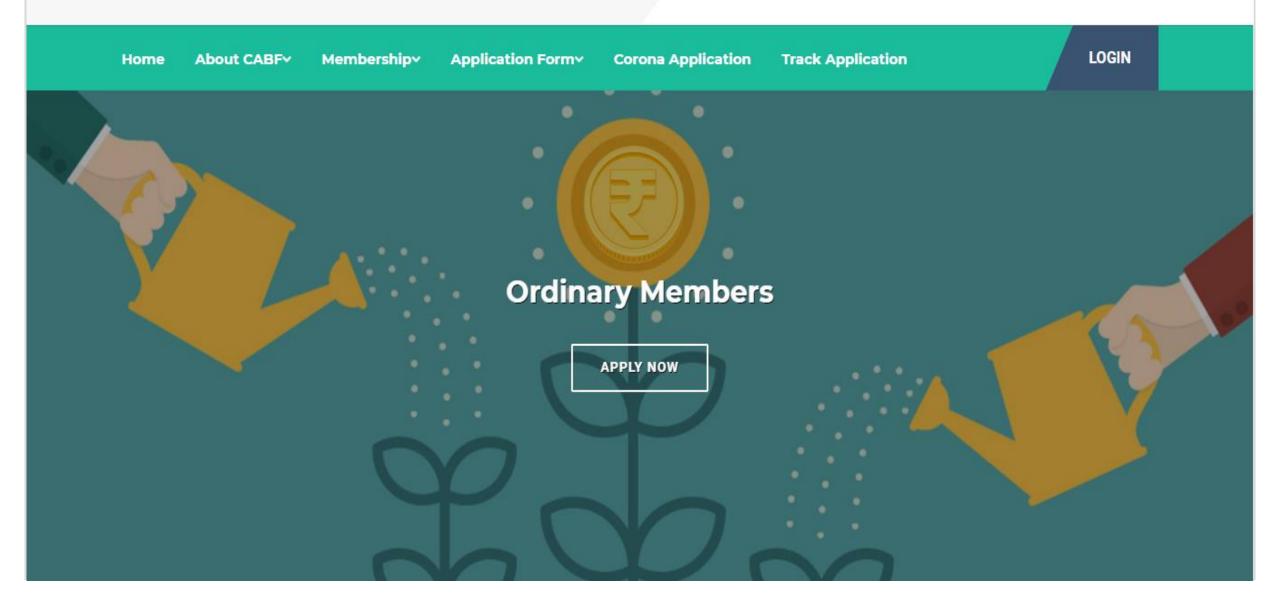
CA Benevolent Fund

The Institute of Chartered Accountants of India

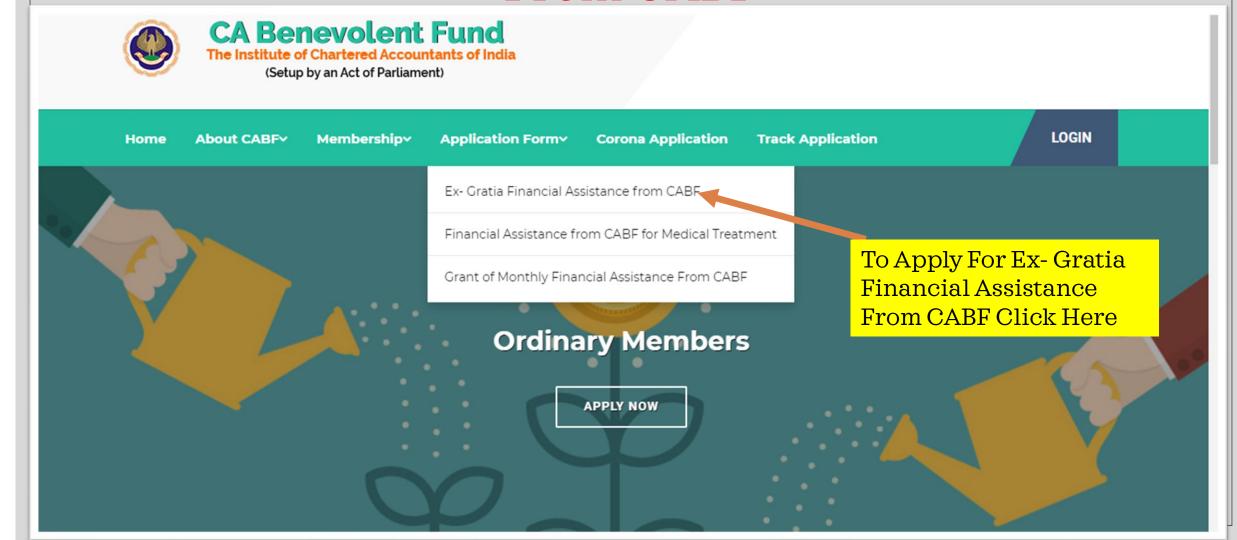
(Setup by an Act of Parliament)

ICAI - CA BENEVOLENT FUND





Applying For Ex- Gratia Financial Assistance From CABF



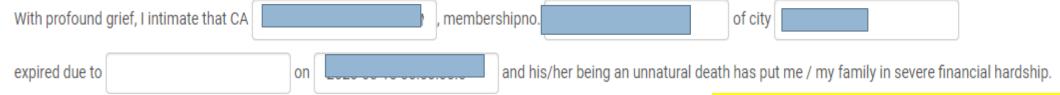
Track Application About CABF Membership* Application Form Corona Application Home Application for CABF Assistance - Ex- Gratia Financial Assistance from CABF Membership Number as per ICAI record: Please enter 6 digits number Enter Membership No. (MRN) of Deceased Member **SUBMIT**

The Chartered Accountants Benevolent Fund (CABF)

Application Form for Ex-gratia (Lumpsum) Financial Assistance from CABF

The Member Secretary,
The Chartered Accountants' Benevolent Fund
The Institute of Chartered Accountants of India
ICAI Bhawan, Plot No. A-29, Sector - 62
NOIDA – 201 309.

Dear Sir,



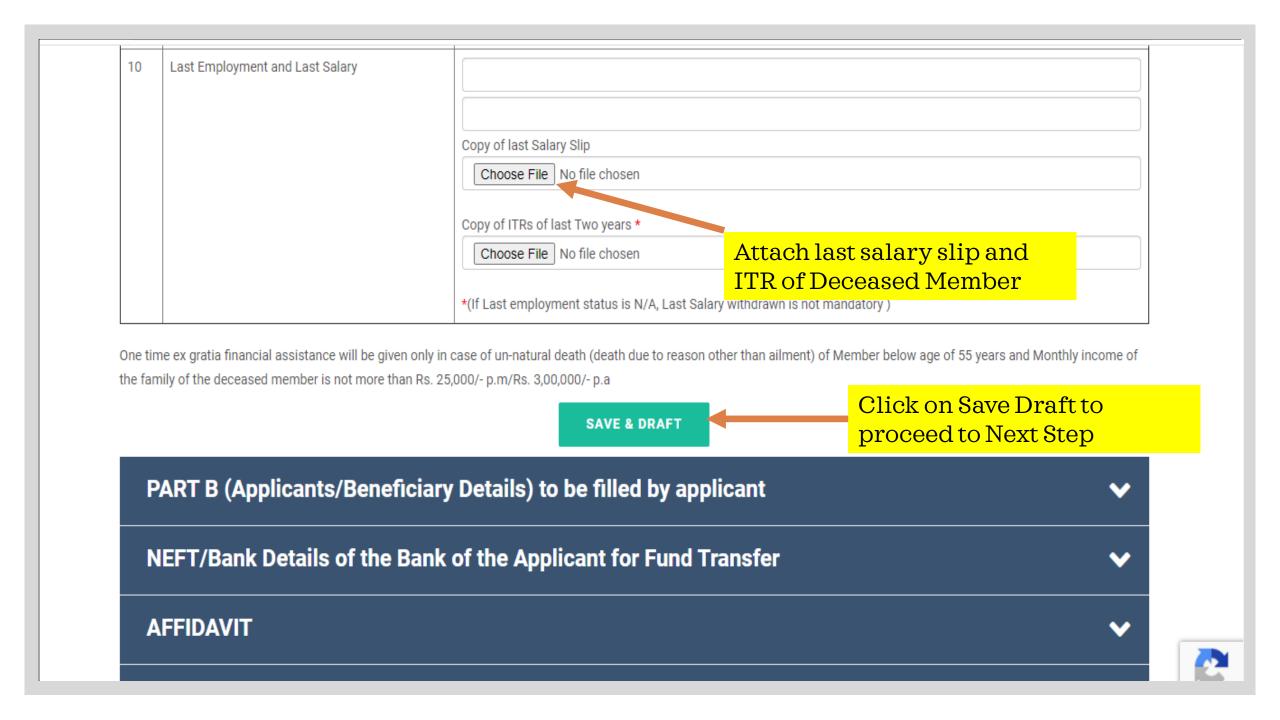
All these Fields are Prefilled as per ICAI Records (Non Editable)

I am the legal heir of the deceased member and request the Managing Committee to consider and grant ex-gratian Benevolent Fund for sustenance of my family. The details of deceased member are as follows:



PART A (Details of Deceased Members) Membership Number Name Date of Birth Date of Death * Attach copy of death certificate giving reason for death along with necessary proof. Choose File No file chosen Age on Death Attach Death Certificate and If Age of Death is More than 55 it will not proc Fulfil remaining unfilled Fields. Cause of Death CABF Life Membership No. Occupational Details Place of Work





PART B (Applicants/Beneficiary Details) to be filled by applicant



PART B (Applicants/Beneficiary Details) to be filled by applicant

Name of the Applicant/ Nominee * Applicant E-mail PAN Number of the Applicant: Enter Details of the Choose File No file chosen applicant/Beneficiary and attach related Supporting Bank Statement of Last Two Years: Documents Choose File No file chosen Copy of ITRs of last Two years: Choose File No file chosen Cancelled Cheque: Choose File No file chosen Relationship with deceased Member * Relationship with deceased Member

3	Age *					
4	Education Qualification *					
5	Occupational details *					
6	Monthly/Annual Income of Applic	cant *				
7	Monthly/Annual Income from all sources of the family *					
8	Monetary Compensation/ Benefits from LIC and Other Insurances/Employer and/or other sources *					
9	Total Monthly Expenditure *					
10	Particulars of Dependent(s) of th	e Applicant *				
	Relationship	Name	Age	Occ. matic	Fill In all the	details of the
1	Father-in law				Beneficiary	
2	Mother-in law					
3	Father/Mother					
4	Brother					
5	Sister					
6	Son				Once you ha	ave completed all
7	Daughter				the details c	elick on Save and
8	Other				draft to pro	ceed to next Step

NEFT/Bank Details of the Bank of the Applicant for Fund Transfer

V

NEFT/Bank Details of the Bank of the Applicant for Fund Transfer

Sr. No.	Particulars	Details
I.	Name of the Bank *	
II.	Address of the Bank *	
III.	Account Number *	Fill in the Banking details of the beneficiary
IV.	IFS Code *	the beneficiary
V.	Name of the Account holder (Applicant) *	
VI.	Pan Number of the Applicant *	
VII.	Email ID *	
VIII.	Mobile number *	
IX.	Landline number	

I am one of the legal heirs of the deceased member and attach herewith an affidavit duly notified to this effect.

I have verified the particulars given above and I declare that information provided above is complete & true to best of my knowledge. If anything found contrary to the facts will disqualify me from the claimed benefits.

Place: *	Place	
Date: *		

Attach a scan copy of Signature and fill in address details

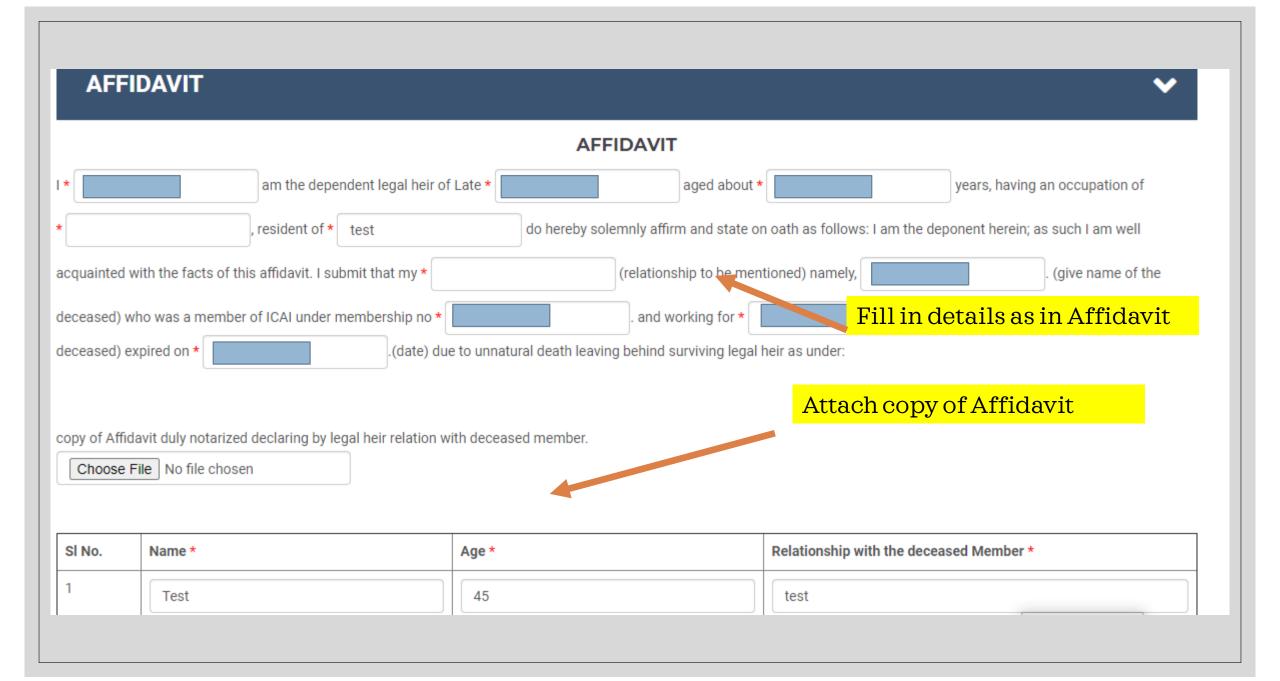
Yours faithfully,	(Applicant)
Signature: *	Choose File No file chosen
orginature.	(Attach scan copy of Your signature)
Name: *	
Present Address:	*
Tel/Mob No.: *	

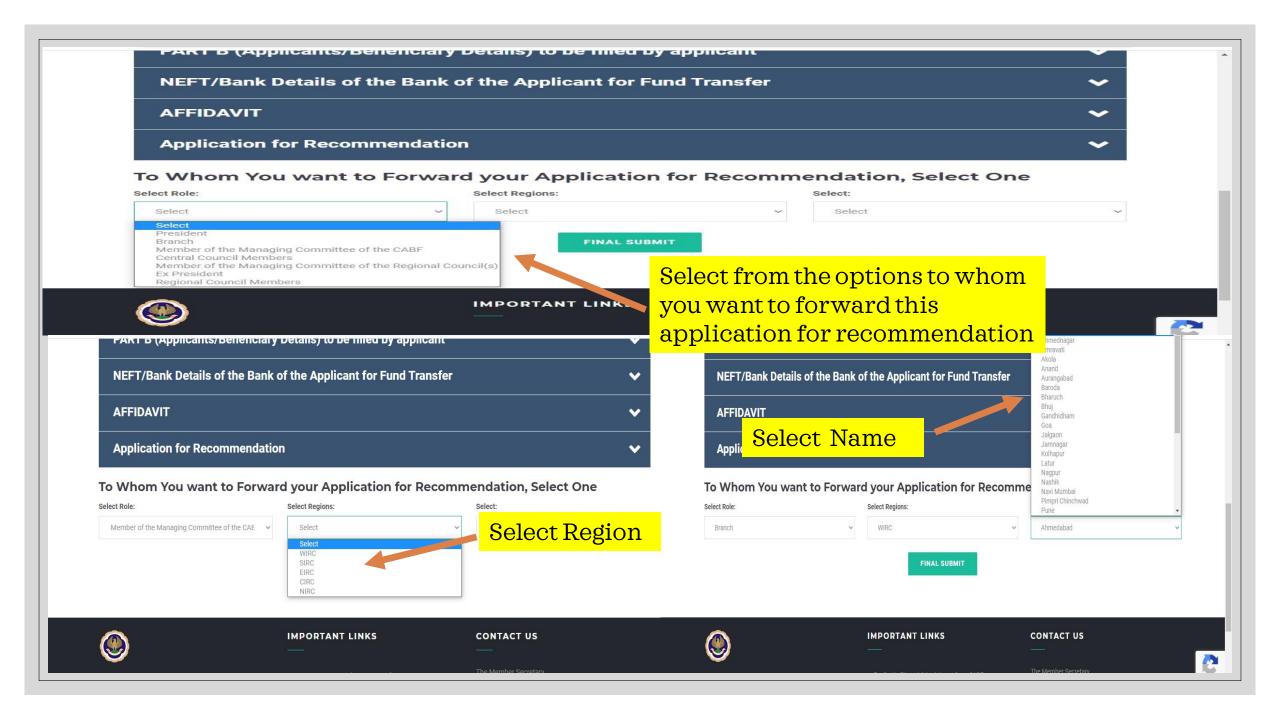
Note: Meaning of Legal Heir in order of preference:

- **☞** Wife, if she is not remarried.
- Dependent Children, if they stay back with either of the parents.
- Dependent old parents of the deceased member.

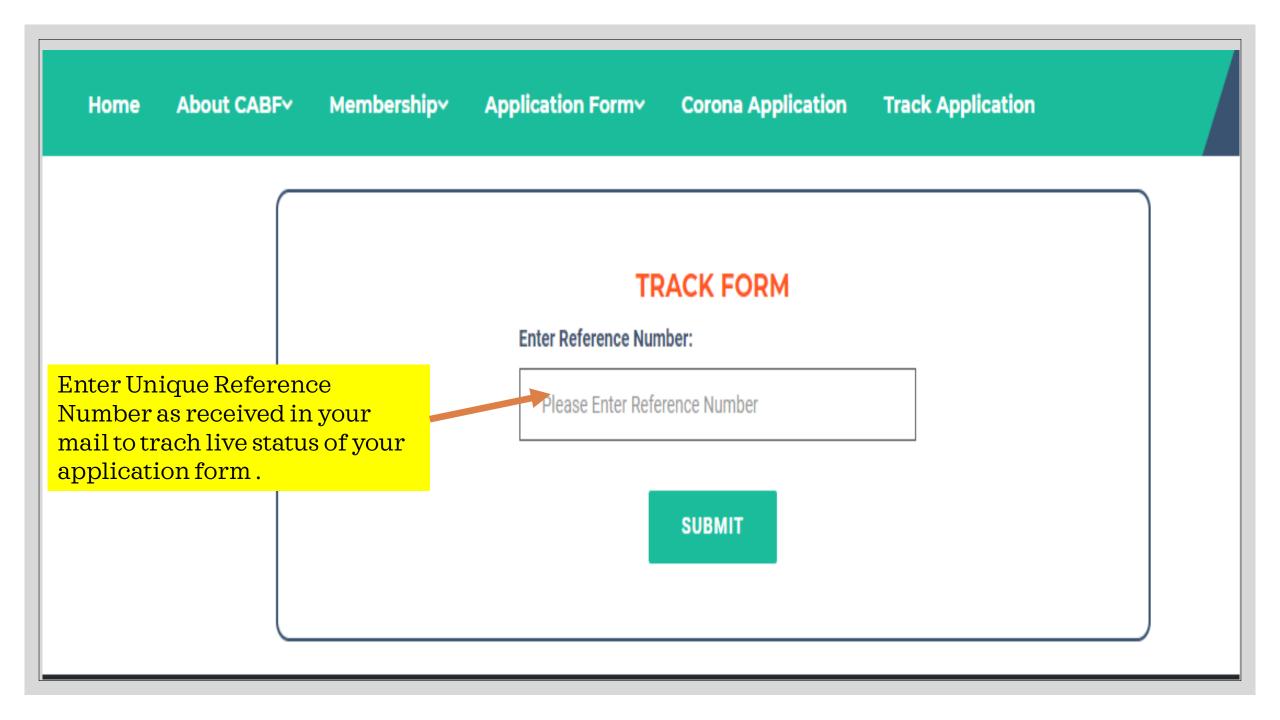
SAVE & DRAFT



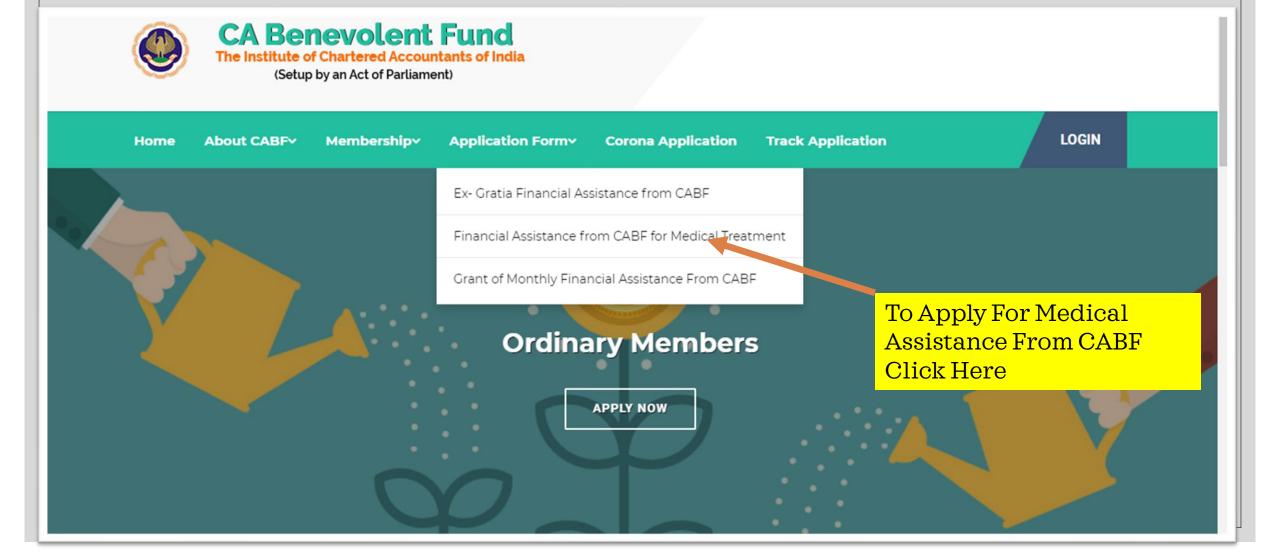




YOU WILL RECEIVE AN ACKNOWLEDGEMENT MAIL WITH CABF ALONG WITH UNIQUE REFERENCE NUMBER TO TRACK YOUR APPLICATION STATUS



Applying For Medical Assistance From CABF



Membership > Application Formy **Corona Application Track Application** Home About CABF Application for CABF Assistance - Financial Assistance from CABF for **Medical Treatment** Membership Number as per ICAI record: Please enter 6 digits number **SUBMIT** Enter Membership No. (MRN) of Member

The Chartered Accountants Benevolent Fund (CABF)

Application for Medical Financial Assistance from CABF

The Member Secretary, The Chartered Accountants' Benevolent Fund The Institute of Chartered Accountants of India ICAI Bhawan, Plot No. A-29, Sector - 62 NOIDA - 201 309.

Dear Sir,

I am a member of the Institute of Chartered Accountants of India (ICAI) and request to the Chartered Accountants Benevolent Fund (CABF) for grant of financial assistance required for Medical Treatment of myself/my | HIREN HASMUKHLAL SH, | based on medical bills paid/to be paid to the hospital concerned for the treatment availed/to be availed. Kindly consider to grant me financial assistance. I submit below following particular for your consideration:

PART A (Details of Members) Membership Number 2 Name 3 Date of Birth 12-11-1987 Last Employment and Last Salary Choose File file chosen ast Salary withdrawn is not mandatory) *(If Last employment status is N Present Address Attach last salary slip of Contact/Mobile Number Deceased Member 10 Email ID Name and Address of the Firm/Employer if any

Grant of financial assistance for treatment will be considered only in the case of diseases or ailments mentioned below:

2. Disease or ailment of the heard, blood, lymph glands, bone marrow, respiratory system, central nervous system, liver surgical operation.

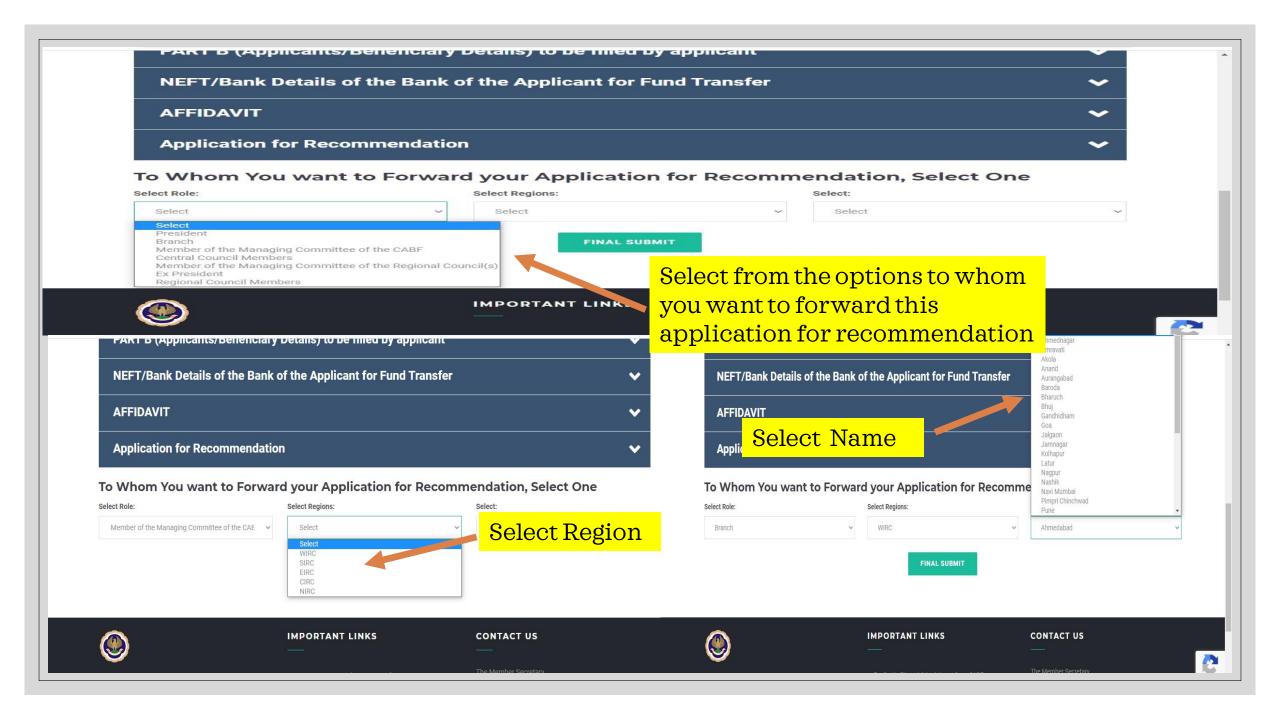
3. Open and close heart surgery.

Click on Save Draft to proceed to Next Step

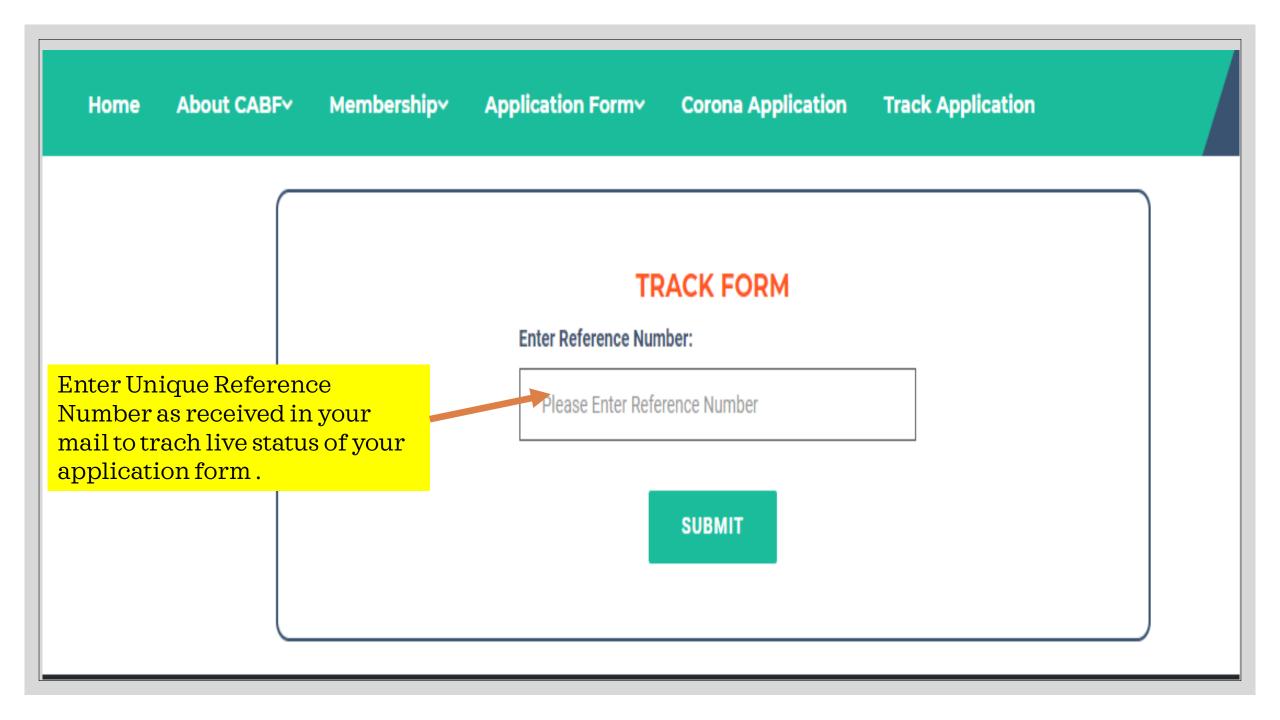


ı	PART B ((Details of Patient & Ailment/Disease)) to be filled by	PART B ((Details of Patient & Ailment/Disease)) to be filled by applicant			
1	Name of the Applicant & Membership No. *				
2	Name of the Patient *				
3	Relationship with Patient *				
4	Age of Patient *				
5	Name of the Ailment/Disease *				
6	Whether Medical Assistance is sought is covered by any hospitalization setteme *				
7	Fill In all the details about the vorts & bills (in original) which is beyond				
	patient and upload all relevant				
9	Medical documents				
10	Source of medical expenditure if already incurred. *				
11	Amount of Financial assistance sought from the CABF towards medical treatment. *				
12	Any other particulars or details that the Applicant may wish to provide. *				
13	Please upload the following documents in support of request for grant of Medical Assistance. * Click on Save Draft to proceed to Next Step	Copy of Diagnosis, in original Choose File No file chosen Medical Report & Bills of Hospital, in original Choose File No file chosen Report of Medical Examination Choose File No file chosen Certificate from Medical Insurance company, if Disease is not covered under medical insurance.			
		covered under medical insurance. Choose File No file chosen			

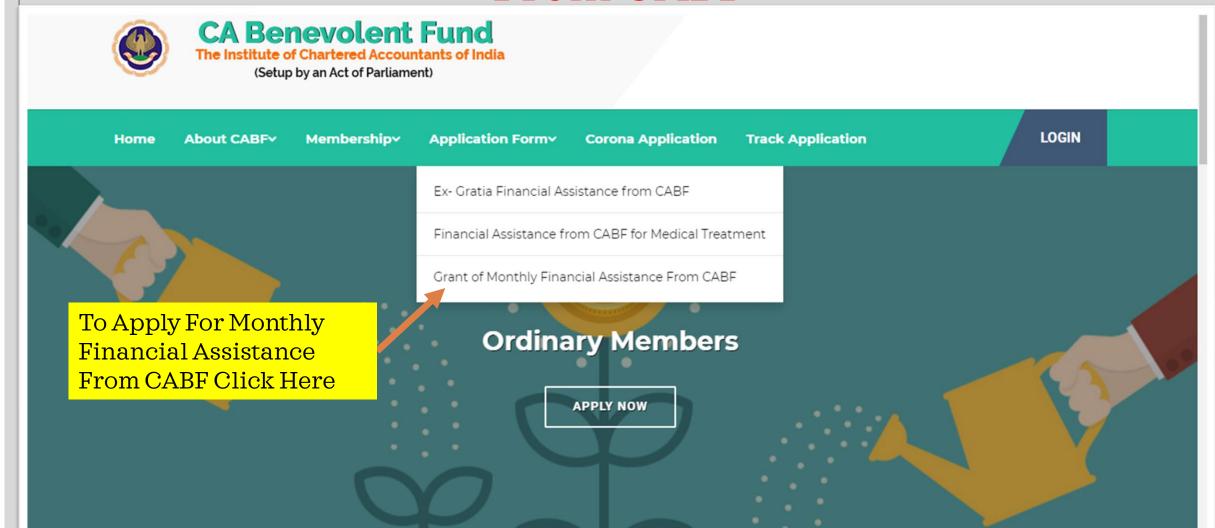
NEFT/Bank Details of the Bank of the Applicant for Fund Transfer				
Sr. No.	Particulars	Details		
1.	Name of the Bank *			
II.	Address of the Bank *			
III.	Account Number *			
IV.	IFS Code *			
V.	Name of the Account Holder (Applicant) *			
VI.	Pan number of the Applicant	Fill Banking details of the		
VII.	Email ID *	applicant and attach		
VIII.	Mobile number *	relevant documents		
IIX.	Please upload	Choose File No file chosen Cancelled Cheque Choose File No file chosen Copy of Aadhaar Card Choose File No file chosen Signature and Click on Save		
		Draft to proceed to Next Step		
I declare that information provided above is true to the best of my knowledge and belief, I confirm that I am claining it for the first time and in past I did not avail any financial assistance from any wing for the Institute for this purpose. I owe full responsibility to return it if information provide above by me are found false to the fact at any point of time.				
Place: * (Applicant)				
Date: *		Signature: * Choose File No file chosen (Attach scan copy of Your signature)		
		Name: *		
		Tel/Mob No.: *		



YOU WILL RECEIVE AN ACKNOWLEDGEMENT MAIL WITH CABF ALONG WITH UNIQUE REFERENCE NUMBER TO TRACK YOUR APPLICATION STATUS



Applying For Ex- Gratia Financial Assistance From CABF



Membership > Application Form **Corona Application Track Application** Home About CABF Application for CABF Assistance - Grant of Monthly Financial Assistance From CABF Membership Number as per ICAI record: Please enter 6 digits number Enter Membership No. **SUBMIT** (MRN) of deceased Member

The Chartered Accountants Benevolent Fund (CABF)

Application for Monthly Financial Assistance from CABF

P	ART A (Details of Deceased Me	mbers) 🗸
1	Membership Number	
2	Name	AR
3	Date of Birth	
4	Date of Death *	Attach copy of death certificate giving reason for death along with necessary proof. Choose File 1 file chosen
5	Age on Death	68
б	Cause of Death	Attach Death Certificate and
7	CABF Life Membership No.	Fulfil remaining unfilled Fields.
3	Occupational Details	
9	Place of Work	
10	Last Employment and Last Salary	
		Copy of last Salary Slip Choose File No file chosen Copy of ITRs of last Two years Attach last salary slip and ITR of Deceased Member
		*(If Last employment status is N/A, Last Salary withdrawn is not Click on Save Draft to
		proceed to Next Step

	PART B (Applicants/Beneficiary Details) to be filled by ap	plicant
1	Name of the Applicant/ Nominee *	Applicant E-mail
2	Relationship with deceased Member *	
3	Age *	
4	Education Qualification *	
5	Fill In all details about the	
6	Monthly/Annual Inc Applicant / Beneficiary and attach relevant documents	
7	Monthly/Annual Inc	
-		
5	Occupational details *	
6	Monthly/Annual Income of Applicant *	
7	Monthly/Annual Income from all sources of the family *	
8	Monetary Compensation/ Benefits from LIC and Other Insurances/Employer and/or other sources *	
9	Total Monthly Expenditure *	
10	Amount requested for Monthly Financial Assistance *	
11	Particulars of Dependent(s) of the Applicant *	
12	Documents to be enclosed (All attachment mandatory) *	PAN Number of the Applicant Choose File No file chosen Cancelled Cheque Choose File No file chosen Pack Statement of Last Two Yoars

8	Relationship	Name	Age	Occupation	Annual Income
1	Father-in law				
2	Mother-in law				
3	Father/Mother				
4	Fill In all de	etails about the s and save draft t			
5	proceed to				
6	Son				
7	Daughter				
8	Other				



NEFT/Bank Details of the Bank of the Applicant for Fund Transfer

NEFT/Bank Details of the Bank of the Applicant for Fund Transfer

Sr. No.	Particulars	Details
L	Name of the Bank *	
11.	Address of the Bank *	
101.	Account Number *	
IV.	IFS Code *	
V.	Name of the Account holder (Applicant) *	
VI.	Pan Number of the Applicant *	Fill Banking details of the
VII.	Email ID *	applicant
VIII.	Mobile number *	application
IX.	Landline number	

I am one of the legal heirs of the deceased member and attach herewith an affidavit duly notified to this effect.

I have verified the particulars given above and I declare that information provided above is complete & true to best of my knowledge. If anything found contrary to the facts will disqualify me from the claimed benefits.

Place: * Place
Date: *

Attach a scan copy of signature and fill in details to proceed to next step

Yours faithfully, (Applicant)

Choose File No file chosen
(Attach scan copy of Your signature)

Name: *

Present Address: *

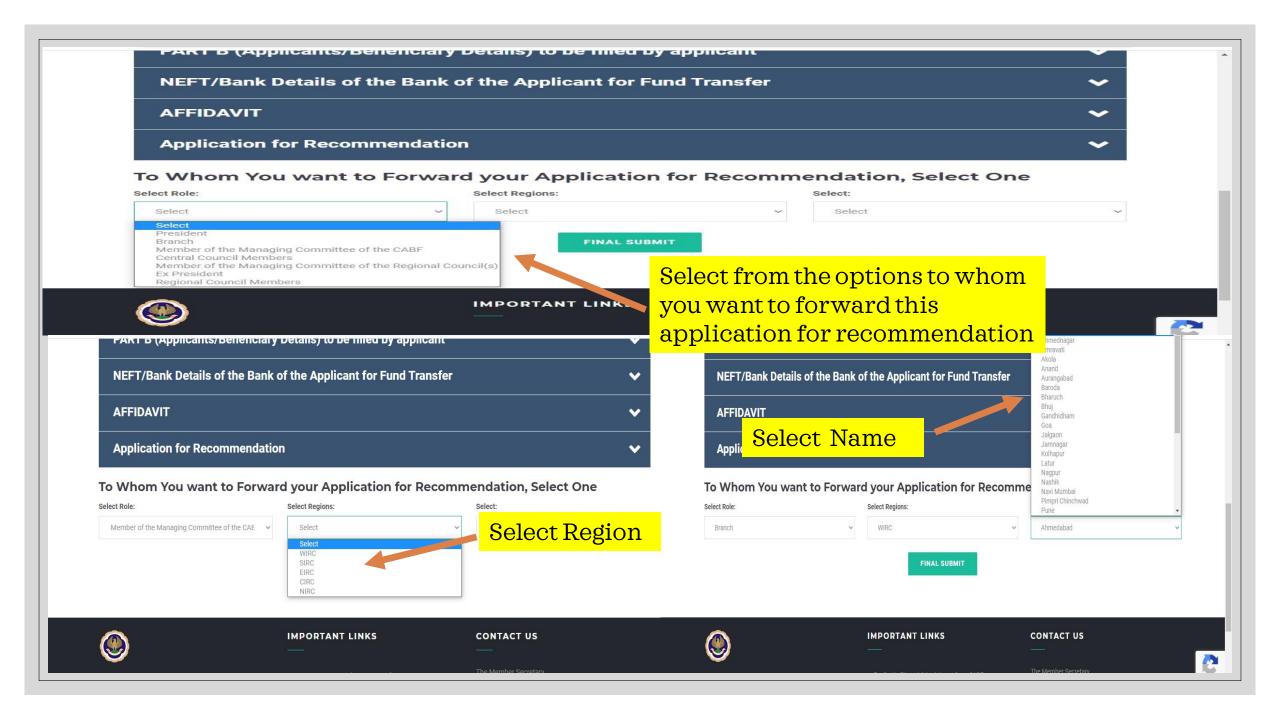
Tel/Mob No.: *

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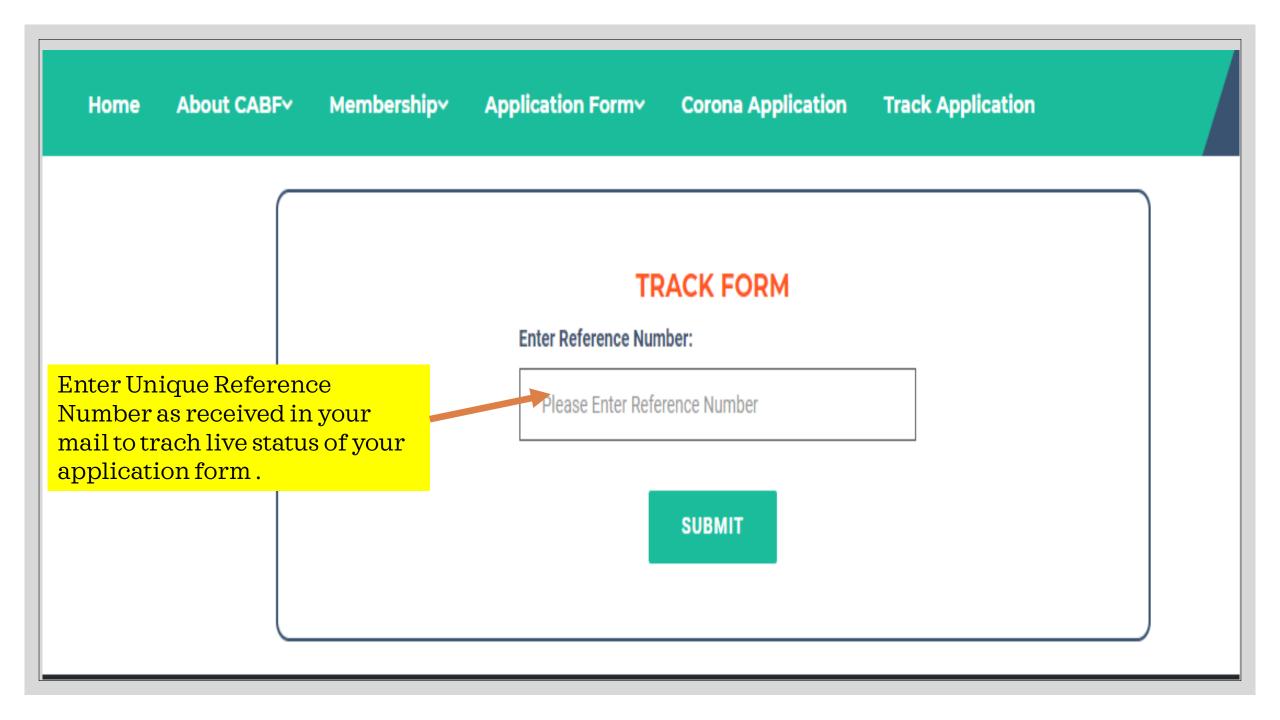
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- Dependent Children, if they stay back with either of the parents.
- Dependent old parents of the deceased member.

SAVE & DRAFT





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THE MEMBER SECRETARY THE CHARTERED ACCOUNTANTS' BENEVOLENT FUND ICAI BHAWAN, PLOT NO. A-29, SECTOR-62 NOIDA – 201309

PHONE: 0120-3045997-98

EMAIL: CABF@ICAI.IN