

# Employees' State Insurance Corporation

## DECLARATION FORM

I/We..... S/o .....  
 (Name)  
 hereby solemnly declare that I/We am (are) the only legal heir(s) or representative(s) of the deceased  
 Shri/Smt..... of .....  
 (Name of I.P.) (Last address)

Insurance No. ....

2. I/We hereby claim ..... benefit due to the deceased at the time of his/her death, under Section 71 of the ESI Act.

3. I/We hereby authorise Shri .....  
 S/o ..... who is also one of the legal heirs of the said deceased and whose specimen signatures are appended below to receive the above benefit under Section 71 of the Act, on behalf of all of us and we hereby declare that this receipt shall be valid discharge to the Corporation so far as we are concerned.

4. I/We hereby undertake to repay forthwith on demand by the Employee's State Insurance Corporation and without demur any sum to which it is discovered at any time we are not lawfully entitled or which is discovered at any time to be in excess of the amount due to me/us and the decision of the Employee's State Insurance Corporation as the amount to be so repaid shall be final.

1. ....
2. ....
3. ....
4. ....

Specimen signature of the person authorised to receive the amount due, [Signature or thumb impression of the claimants]

- N.B.
1. Strike out the portion [marked or the alternative, as the case may be] not applicable.
  2. In case the applicant is a minor the declaration should be signed by the guardian who may state below his signature as [signed for ..... being his/her guardian]
  3. To be completed only when there is more than one claimant and payment is to be made only to one of them on behalf of all the legal heirs.

Attested that the above statement is made before me and is correct to the best of my knowledge and belief.

Signature  
 Seal of the Attesting Officer

N.B. Attestation of this form shall be admissible only from a Government Official not below the rank of a Tehsildar, Office of the Revenue, Magistrial or Judicial Department.