

FORM B  
[ See Rule 13(6) ]

**Application for Advance against Deposits in the Kerala Headload Workers  
Welfare Board Employees Contributory Provident Fund**

1. Name and Account No. of the subscriber :
2. Monthly pay, Dearness pay and designation :
3. Amount of advance required(both in figures and words) :
4. Purpose for which it is required
5. Number of Installments of recovery proposed :
6. Date of complete repayment of the previous Advance :
7. Details of advances pending recovery
  - (1) The amounts of previous advance :
  - (2) Dates of drawal of each advance :
  - (3) Balance outstanding against each advance :
8. Office and manner in which payment Is desired :
9. The number of installments in which the advance is proposed to be repaid :
10. Date of retirement :

I hereby declare that the above statements are true and that I agree to abide by the Kerala Headload Workers Welfare Board Employees Contributory Provident Fund Rules,1995 as amended from time to time. I also promise to repay the above advance in equal monthly installments according to rules.

Place : Signature of the subscriber with  
name and designation

Date :

10. Enquiry certificate :

Signature of Head of Office

**VERIFICATION REPORT**

11. Total amount at the credit of the applicant :
12. Amount of advance admissible :
13. Number of installments of repayment :
14. Any other fact requiring consideration :

Head of Office/ Finance Officer