

**ANNEXURE**

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

Date:

**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 \_\_\_\_\_<sup>\*\*\*</sup>. 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 X<sup>th</sup> 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 at monthly income | Physically/ mentally challenged (Refer point No 7) (Yes/ No) |
|------|--------------|---|---|---|-------------------------------------|--|
|      |              |   |   |   |                                     |  |
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|      |              |   |   |   |                                     |  |
|      |              |   |   |   |                                     |  |
|      |              |   |   |   |                                     |  |

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.

**\*\*\* 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

Yours faithfully

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