UNITED INDIA INSURANCE EMPLOYEES WELFARE SOCIETY

Liaison Office: 24 Whites Road, Chennai – 600 014.

Phone No.: 044 2857 5340 / 341 - E-mail Id: howelfaresociety@uiic.co.in

APPLICATION-CUM-SELF DECLARATION FORM FOR RETIRED EMPLOYEE MEMBERS FOR AVAILING HOLIDAY HOME FACILITY OF UNITED INDIA INSURANCE EMPLOYEES' WELFARE SOCIETY

NAME OF EMPLOYEE MEMBER :	
EMPLOYEE / PF NUMBER ON RETIREMENT :	
PENSION NUMBER IN CASE OF PENSIONER:	
WELFARE SOCIETY MEMBERSHIPT NUMBER :	
MOBILE NO.	EMAIL ID :

DATE OF RETIREMENT:

Re.: Request for Holiday Home of UIIEWS.

I request UIIEWS to allot me one room in our Holiday Home as per the following and confirm:

LOCATION	DATE OF REQUIREMENT

Details of family members accompanying the retired employee member :

I hereby declare that I have read and understood the rules / guidelines of allotment and the refund rules as per the Circular dated 04.09.2019.

I hereby declare that I would abide by the guidelines given in the circular in case of occupation of the Holiday Home and the cancellation rules thereon. I also declare that I will be remitting the room rent to UIIEWS Bank Account within two days as given hereunder and accept that the Booking will be cancelled if the remittance is not made by me within the stipulated time.

ACCOUNT NAME

UNITED INDIA INSURANCE EMPLOYEES' WELFARE SOCIETY

ACCOUNT NUMBER

510101005943662

NAME OF THE BANK CORPORATION BANK, BRANCH – WHITES ROAD

IFSC CODE OF THE BRANCH OF THE BANK: CORPO000122

I also declare that I have remitted Rs.500/- as a ONE TIME Non-Refundable amount to UIIEWS.

Thanking you for the allotment and request you to send the allotment letter to my following E-mail id.

Date: SIGNATURE OF RETIRED EMPLOYEE MEMBER

PS: Please mention the employee name / Erstwhile PF No. whilst remittance through NEFT for identifying the credit. (The same may be filled in the purpose column in the UTR application of the Bank).