

**FORM-K**

**(See Rule 30(2))**

**APPLICATION FOR DEATH BENEFIT**

To

The Secretary  
A&N Islands Building and other Construction Workers Welfare Board  
Port Blair

1.	Name and address of applicant	
2.	Relationship with worker	
3.	Name and address of the worker	
4.	Registration No.	
5.	Age and Date of birth	
6.	Worker whether married	
7.	Nature of death (copy of the death certificate to be enclosed)	
8.	Details of documents submitted (a) Copy of the nomination/legal heir certificate	
9.	Amount of death benefit sought	

The above details are true to my knowledge and information.

Place:

Date:

Signature and Name of Nominee.