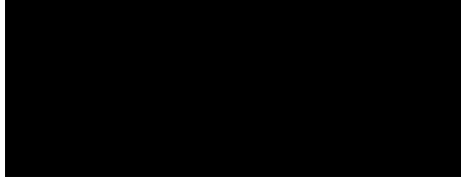


(SPEED POST)

No. IFCI/RTI/1275/2024 – 2402/2009

Dated: 12/02/2024

To,



Dear Sir,

Re: RTI Application bearing Registration no. IFCIL/R/E/24/00003 dated 24/01/2024
– Reply on behalf of IFCI Ltd. under the provisions of the RTI Act, 2005

- 1) Please refer to the aforesaid application filed under the provisions of the RTI Act, 2005.
- 2) In response to your query no.1, it is stated that there is no separate head of employee contribution. The corpus of Shri V S V Rao as on 31/03/2023 is INR 73,80,187.
- 3) In response to your query no.2, it is stated that necessary forms are attached.
- 4) In response to your query no.3, it is stated that the names of the trustees entrusted with the responsibility of administering the scheme are as below:
 - a. Shri Prasoon, ED - Chairman
 - b. Shri Sachikanta Mishra, ED
 - c. Ms. Pooja S. Mahajan, CGM
 - d. Shri Himanshu Sharma, GM
 - e. Ms. Shikha Gupta, DGM
 - f. Shri Rajesh Gupta, AGM
- 5) The details of First Appellate Authority for preferring an appeal within a period of 30 days is – Shri Atul Saxena, CGM, First Appellate Authority, IFCI Limited, IFCI Tower, 61, Nehru Place, New Delhi-110019.



(केंद्रीय लोक सूचना अधिकारी, आईएफसीआई लिमिटेड)

आई एफ सी आई लिमिटेड

पंजीकृत कार्यालय:

आई एफ सी आई टावर, 61 नेहरु प्लेस, नई दिल्ली – 110 019

दूरभाष: +91-11-4173 2000, 4179 2800

फैक्स: +91-11-2623 0201, 2648 8471

वेबसाइट: www.ifcilttd.com

सीआईएन: L74899DL1993GOI053677

IFCI Limited

Regd. Office:

IFCI Tower, 61 Nehru Place, New Delhi - 110 019

Phone: +91-11-4173 2000, 4179 2800

Fax: +91-11-2623 0201, 2648 8471

Website: www.ifcilttd.com

CIN: L74899DL1993GOI053677



(Application for pension on retirement of leaving the Services of employer. In case of death, another form to be used)

The Manager(P&GS)
LIC of India
Delhi Divisional Office-1
Jeevan Prakash, 6th, 7th Floor,
25, K. G. Marg,
New Delhi-I 10001

Dear Sir

Re: Master Policy No. GSCA/GS : 331979

Fvg. Sh/Smt _____

We are enclosing herewith claim papers Form C, Form N and two discharge receipts duly signed by member and one of our existing trustees. The revenue stamp is duly affixed on discharge receipts. The particulars of member are given hereunder:

1. Address at which pension payment is to be made: _____
2. Date of Appointment: _____
3. Date of entry into the Scheme: _____
4. Date of exit (Leaving): _____
5. Mode of exit (Retirement/Resignation)Specify) _____
6. Date of Birth: _____
7. Option to choose pension

- (i) Life pension ceasing at death, No purchase price shall be paid on death to beneficiary. No guaranteed payments.
- (ii) Life pension with guaranteed payments for 5 / 10 / 15 / 20 years. No. purchase price shall be paid on death or at end of 5 / 10 / 15 / 20 years guarantee. On survival to guaranteed payments pension shall be continued to be payable till life. (Please specify period) _____
- (iii) Life pension ceasing at death of member with return of capital (purchase price) to beneficiary along with group pension terminal bonus declared by LIC.
- (iv) Joint Life and last survivor pensions to member and his / her spouse (without any guaranteed payments as in case of 1.
- (v) Joint Life and last survivor pension to member and his / her spouse with return of purchase price on death of last survivor along with group pension terminal bonus declared by LIC.

8. Mode of payment of pension (specify): MLY / QLY / HLY / YLY.

9. State whether member wants commutation of pension as per prevalent Income Tax Rules: (yes / no) _____
(please note that at present member can commute maximum to 1/3(33.33%). This proportion price may range maximum up to 1/2 (50%) if member is not eligible to get gratuity.

10. Do you want to transfer your annuity servicing to your nearest LIC Div. Office specify area _____

11. Remittance particulars after Last Schedule (Please attach separate sheet).

12. ECS/NEFT Yes (details alongwith cancelled cheque leaf) attached.

Yours faithfully,

(Signature of the member)

Name & Address _____

(TRUSTEES) _____

TO BE COMPLETED BY TRUSTEES ON LEAVING SERVICES

Retirement of Member

The Manager(P&GS),
L.I.C. of India,
P & GS Deptt., 7th Floor,
25, K.G. Marg,
New Delhi-110001

Reg: Master Policy No. GSCA _____

Name of Member _____

(Assce.No.) _____

Dear Sir,

We hereby give you notice that the above member has Left / Retired from the services of _____ with effect from _____ and in accordance with the option exercised by him, he is entitle to receive from the said date a pension of Rs. _____ (Rupees _____) payable as per option No. _____ exercised. First installment of pension becomes due on _____

We shall be passing to you, every year, letters of authority to pay, on behalf and as our agent, to the members who have left the service/retired from service (including the above member and the beneficiaries of deceased members) the pension, shown against their names in such letters and we agree and declare that the receipts signed by the said member shall be sufficient, valid and legal discharge to you for the payment that may be made by you from time to time in respect of such letters of authority.

We hereby agree that, If at any time you are called upon to make payment to the Govt. Of India of any sums towards Income Tax and any other taxes and duties in respect of the said member in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letters of authority for payments, we shall reimburse the corporation such excess sums on receipts of the appropriate advice from them.

Upon the death of the member the outstanding installment of the pension, if any, or the balance of the guaranteed installments of pension, if any, shall be paid to us or under our instructions, to the nominee of the member as intimated by us.

Dated at _____ this _____ day of _____ 20

(SIGNATURE OF TRUSTEES)

1 _____

2 _____

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

The Sr. Divisional Manager(P&GS)
 LIC of India
 Delhi Divisional Office-1
 Jeevan Prakash, 6th, 7th Floor,
 25, K. G. Marg,
 New Delhi-110001

Dear Sir

Re.: Master Policy No GS/GGI/GSCA:

We hereby direct, authorise & empower you to pay on our behalf as our agent to the under mentioned members, who have left or retired from service, the respective pension amounts shown against their names in the list below after deduction of Income Tax and other taxes & duties, particulars of which have also been given in the list.

Membership No.	Name & Address of the member	Due date of pension	Amount of Pension	Income Tax net deduction If any	Net amount payable
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We likewise direct, authorise & empower you to pay on our behalf and as our agent, to the under mentioned beneficiaries of deceased member the pension payments shown against their names in the list below after deduction of Income Tax and other taxes & duties, particulars of which have also been given in the list.

Master Pol. Sr.No.	Name & Address of the beneficiary	Due date of pension	Amount of Pension	Income Tax net deduction If any	Net amount payable
--------------------	-----------------------------------	---------------------	-------------------	---------------------------------	--------------------

We hereby admit and acknowledge that the above mentioned payments which shall be made by you shall be in full settlement of payments due to us and we hereby declare that receipts signed by the payee shall be sufficient, valid and legal discharge to you for the respective payments made to them and shall be fully binding on us as if the payments had. been made to us and the receipts signed by us.

Dated at _____ this _____ day of _____ 20_____

Yours faithfully,

(Signature of the Trustees)
 For Self and on Behalf of the Co-Trustee
 Of Superannuation Fund

(Signature of the Annuitant)

DISCHARGE RECEIPT

Received from Life Insurance Corporation of India a sum of Rupees _____

(Rupees _____)

being the amount of refund of deposit under Master Policy No. _____

Dated at _____ on this _____ day of _____ 20

across
Rs. 1/-
Revenue
stamp

Signature of the authorized signatory

Name:

Designation

WITNESS:

SIGNATURE _____

NAME _____

ADDRESS _____



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
P&GS Deptt, DO-I,

SDP-24,000Forms-07/10

Phone : (011)23350678, 23314970, 23354984
FAX : 011-23350832
Toll Free : 1800118899

"Jeevan Prakash", 7th Floor
25, Kasturba Gandhi Marg,
New Delhi-110001

OPTION FOR ANNUITY PAYMENT BY NEFT

The following is a confirmation of my bank account details and I here by affirm my choice to opt for payment of annuity through NEFT. I understand that LIC Of INDIA also reserves the right to send the annuity payable to me by a physical cheque on account of any unforeseen circumstances beyond the control of LIC OF INDIA, that may affect payment of annuity through NEFT.

Annuity_no :

Annuitant's Name

Bank Name

Bank Branch

Bank Account type (SB/Current)

Bank Account Number

-IFSC Code (For NEFT Payment)

In case NEFT/IFSC code is not printed on your cheque, kindly obtain it from your bankers.

Please attach a blank cancelled cheque or photocopy of your bank cheque with above particulars.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

Land Line of annuitant Mobile No of annuitant.....

e-mail-id of customer PAN No of annuitant

Date.....

Signature of annuitant