

FORM- XXXVII.

[See rule 279(1)]

1. Name and address of applicant
2. Relationship with worker
3. Name and address of the worker
4. Registration No.
5. Age & Date of Birth
6. Worker whether married
7. Nature of Death (Give details.)
8. Details of documents submitted
9. Amount of financial assistance applied for.

The above details are true to my knowledge and information.

Name and Signature.