

LIFE CERTIFICATE: 2026

[This Life Certificate is Valid from 01-01-2026 to 31-12-2026]

It is being certified that I have seen

To be filled by
RETAIL SECTION

Shri / Smt. _____,
Holder of The WBSCB Fixed Pension and state that He/ She is Alive on this Date.

NAME OF CERTIFYING OFFICER: _____

BRANCH NAME: _____ Branch / _____ RO / HO Date: ____ / ____ / 202__

Designation Certifying Officer: _____ Employee ID: _____

(Full Signature of the Certifying Officer)

(Bank Seal)

TO BE FILLED BY THE PENSIONER

I submit herewith additional details as under:

Pensioner's Name: _____

In Case of SPOUSE PENSION mention Deceased Ex-Employee Name:

SRI / SMT _____

Retired as (Please ✓) : OFFICER ☐ CLERICAL ☐ SUB-STAFF ☐

Date of Retirement: ____ / ____ / ____

[Existing Pension Account Details]

Account Number: _____ IFS Code: _____

Bank Name & Branch: _____

DATE: ____ / ____ / 202__

[FULL SIGNATURE OF THE PENSIONER]

Mobile number: _____

For The WBSCB Ltd -HO / Regional Office(s) or Branches: Any Officer is Eligible to Certify.
For Other Banks: Any Officer of the Bank is Eligible to certify.

