



**The Institute of  
Chartered Accountants  
Of Pakistan  
Benevolent Fund**

(Recommender's checklist)

Date: \_\_\_\_\_

Form from: \_\_\_\_\_

1. Received on: \_\_\_\_\_

2. Checked by: \_\_\_\_\_

3. Recommender contacted on phone / personally by:

\_\_\_\_\_

a. How do you know this family?

\_\_\_\_\_  
\_\_\_\_\_

b. Since when do you know them?

\_\_\_\_\_

c. When had you last met the deceased member and family separately?

\_\_\_\_\_

d. How far and which items of the Application Form, recommended by you have been personally verified?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Other details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Re-commendations:

\_\_\_\_\_  
\_\_\_\_\_



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## Application Form

The President  
ICAP Benevolent Fund  
Chartered Accountants Avenue,  
Block 8, Clifton  
Karachi.

Dear Sir,

### REQUEST FOR FINANCIAL ASSISTANCE THROUGH ICAP BENEVOLENT FUND

I request for grant of financial assistance from above fund for my following requirements. The necessary required information's related to my family are also given below:

1. Name of the applicant: \_\_\_\_\_
  - 1.1 Address: \_\_\_\_\_  
\_\_\_\_\_
  - 1.2 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
  - 1.3 Relation with the deceased member: \_\_\_\_\_
  - 1.4 House-wife or working lady: \_\_\_\_\_
  - 1.5 Residence (rental or personal property): \_\_\_\_\_
2. Name of deceased member: \_\_\_\_\_ R. No.: \_\_\_\_\_
  - 2.1 Date of death: \_\_\_\_\_
  - 2.2 Was he in practice or service? : \_\_\_\_\_  
Employer / company: \_\_\_\_\_  
Designation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of joining: \_\_\_\_\_ Date of leaving: \_\_\_\_\_  
Amount received from:
    - i. Life insurance Rs: \_\_\_\_\_
    - ii. ICAP insurance Rs: \_\_\_\_\_
    - iii. Provident Fund Rs: \_\_\_\_\_
    - iv. Gratuity Rs: \_\_\_\_\_
    - v. Earned leave pay: Rs: \_\_\_\_\_
    - vi. Pension: Rs: \_\_\_\_\_
    - vii. Any other (please specify) : Rs: \_\_\_\_\_
  - 2.3 Please attach his last Wealth Statement or details showing property (Agricultural / Urban), all investments, bank accounts and vehicle(s), Make, Model & Registration #:



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3. Number of dependents:

3.1 Spouse: \_\_\_\_\_

3.2 Children

#	Name	Gender	Age
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i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

3.3 Details of children studying:

#	Name	Class	Institution	Fee p.m
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i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

3.4 Non-dependent children:

#	Name	Age	Marital Status	Occupation
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i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

4. Present regular source of income of the applicant:

4.1 Earning from property and investments average Rs. \_\_\_\_\_ p.m.

4.2 Salary / pension of the applicant or children if employed: Rs. \_\_\_\_\_ p.m.

4.3 Name and address of the employer: \_\_\_\_\_  
\_\_\_\_\_

4.4 Other institution: \_\_\_\_\_

5. What are the estimated monthly expenditure of the family:

i. Living expenses: Rs: \_\_\_\_\_ p.m.

ii. Education: Rs: \_\_\_\_\_ p.m.

iii. Medical: Rs: \_\_\_\_\_ p.m.

iv. Rent: Rs: \_\_\_\_\_ p.m.

v. Other (please specify): \_\_\_\_\_



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6. Kind of support / consultation the family requires from the Benevolent Fund Committee:
- For children's career planning
  - For fund placement and sources of earning from available funds
  - For resolving legal complications left behind by the deceased member
  - For marriage of daughters
7. Is there any guardian of the deceased's dependents within the family of the deceased or from mother's side (her relatives):
8. Other observations / details (if any): \_\_\_\_\_  
\_\_\_\_\_
9. Name of recommending ICAP member: \_\_\_\_\_
- 9.1 R. No. \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 9.2 Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Yours faithfully,

Signature of applicant \_\_\_\_\_

Name : \_\_\_\_\_

**Documents Required:**

1. Wealth statement / wealth details of both member and spouse.
2. Bank Statements for last six months in life of member to date (once only).
3. Current bank statement since last provided.
4. N.I.C. copy of the applicant.