



Employment Injury Scheme-Pilot
196, Sromo Bhaban, 9th Floor, Sahid Syed-Nazrul Islam Soroni,
Bijoynagar, Dhaka-1000
www.eis-pilot-bd.org

Photograph of
Deceased worker
and
Passport size
Photograph (s) of
his/her family
member(s)

Application form for benefit from EIS Pilot (Death Case)
Section-1 (Applicant Part)

1. Information of Applicant (Family member of deceased worker)

Name:
Father's Name: Mother's Name:.....
Relationship with Deceased worker: Date of Birth:
NID/Birth Certificate:
Permanent Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Present Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Mobile Number:

2. Information of Deceased worker: (Put tick) Male Female

Name: Designation:
Father's Name: Mother's Name:
NID/Birth Certificate: Date of Birth:
Present Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Permanent Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:

Bank details of the successor of the deceased worker: (need to attach a copy of blank cheque or Bank documents)

Name of Successor	Relationship	Bank Account Number, Branch Name	Bank Routing Number
01			
02			
03			
04			
05			
06			

3. Declaration of Applicant

I hereby declare that all information above provided in this application is accurate to the best of my knowledge, and I have not withheld any information.

Name of Applicant, Date & Sign

Section-2 (Factory Part)

4. Information of factory or organization:

Name of Factory/Organization:
 Registration Number of Factory/Organization:
 Name of Factory Representative: Phone:
 Email: Address:

5. Information of Accident:

Date of Accident:..... Time of Accident:
 Date of Death: Time of Death:
 Type of Accident: Workplace Accident On Duty RTA Commuting Accident
 Reason of Accident: Fire Electric Shock Transport/Handling Machinery
Others: Please specify
 Place of Accident:Inside Factory Outside Factory
 Describe the Place of accident:
 Short Details of Accident:

6. Service & Benefit Information:

Service Information:

Date of Joining for the deceased worker:
 Gross Salary (without OT) : Factory ID No:

Information of Compensation and Group Insurance:

- a. Factory Compensation (if any):
 Amount of Compensation: Date of Delivery:
 b. Compensation from group insurance:
 Amount of Compensation: Date of Delivery:

7. Attachment (Please indicate by ticking the box after attaching the documents.)

<input type="checkbox"/> Death certificate	<input type="checkbox"/> Employment letter	<input type="checkbox"/> Factory ID card
<input type="checkbox"/> Succession certificate	<input type="checkbox"/> NID of deceased worker	<input type="checkbox"/> NID/Birth Certificate and picture of dependent.
<input type="checkbox"/> Factory Certificate (with nominee's & accident information)	<input type="checkbox"/> Salary Sheet & Attendance sheet of last three months of deceased worker	<input type="checkbox"/> GD/FIR/Postmortem Report (if any)

8. Any other Information (if any):.....

I hereby confirm that all the information provided in this application is true and accurate to the best of my knowledge. I also affirm that no relevant information has been withheld.

 Name of Factory Representative, Seal sign & Date

9. Below recommendation has to be collected before send the application to the EIS Pilot:

Seal, Signature with date and mobile number of the Factory authority	Seal, Signature of the LFMEAB assigned personal.