



People's Republic of Bangladesh  
Bangladesh Export Processing Zones Authority  
BEPZA Complex, House No.- 19/D, Road No.- 6, Dhanmondi, Dhaka 1205  
[www.bepza.gov.bd](http://www.bepza.gov.bd)

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                |              |                                  |                     |

**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 TA ☐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 Head of Industrial Relation of the Zone | Seal, Signature of the Executive Director of the Zone |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <br><br><br><br><br>                                                                       | <br><br><br><br><br>                                  |



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

Photograph of  
Disabled  
worker  
Passport size

**1. Information of Applicant (Disabled Worker)**

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

**Bank details of the disabled: (need to attach a copy of blank Cheque or Bank documents)**

| Name of Account Holder, Bank& Branch Name | Bank Account Number | Bank Routing Number |
|-------------------------------------------|---------------------|---------------------|
|                                           |                     |                     |

**2. 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)**

**3. Information of factory or organization:**

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

**4. Information of Accident:**

Date of Accident: ..... Time of Accident: .....  
Type of Accident: ☐ Workplace Accident ☐ On Duty TA ☐ 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: .....

**5. Service & Benefit Information:**

**Service Information:**

Date of Joining for the disabled worker: .....

Gross Salary (without OT) : ..... Factory ID No: .....

**Information of Compensation and Group Insurance:**

c. Factory Compensation (if any):

Amount of Compensation: ..... Date of Delivery: .....

d. Compensation from group insurance:

Amount of Compensation: ..... Date of Delivery: .....

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

|                                                                          |                                                                                                  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Document                                | <input type="checkbox"/> Employment letter                                                       |
| <input type="checkbox"/> Factory ID card                                 | <input type="checkbox"/> NID of the disabled worker                                              |
| <input type="checkbox"/> Factory Certificate (with accident information) | <input type="checkbox"/> Salary Sheet & Attendance sheet of last three months of disabled worker |

**7. 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

**8. Below recommendation has to be collected before sending the application to the EIS Pilot:**

| Seal, Signature with date and mobile number of the Head of Industrial Relation of the Zone | Seal, Signature of the Executive Director of the Zone |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <br><br><br><br><br>                                                                       | <br><br><br><br><br>                                  |

