



THE INSTITUTE OF
Company Secretaries of India

भारतीय कम्पनी सचिव संस्थान

IN PURSUIT OF PROFESSIONAL EXCELLENCE

Statutory body under an Act of Parliament

(Under the jurisdiction of Ministry of Corporate Affairs)

VISION

"To be a global leader
in promoting good
corporate governance"

ICSI Motto

सत्यं वद। धर्मं चर। इष्टकारे क्लेशं तन्प्राप्तेः श्रेयं क्लेशेः क्लेशः।

MISSION

"To develop high calibre
professionals facilitating
good corporate governance"

COMPANY SECRETARIES BENEVOLENT FUND

Be a proud member of CSBF

Safeguarding and
caring for your well being



COMPANY SECRETARIES BENEVOLENT FUND

Saathi Haath Badhana
साथी हाथ बढ़ाना



www.icsi.edu/csbf/home/



2nd August, 2021

Dear Sir / Madam,

Greetings from The Institute of Company Secretaries of India!

As you are well aware, Company Secretaries Benevolent Fund (CSBF), is a Society registered under the Societies Registration Act, 1860 and recognized under Section 12A of the Income Tax Act, 1961.

CSBF was established in the year 1976 by ICSI for providing financial support to Company Secretaries and their dependent family members

If you have not yet enrolled as a Life Member of CSBF, kindly enroll as a Life of Member of CSBF to take advantage of this security umbrella. Please click on the following link for details about the CSBF:

FAQs on CSBF

We take this opportunity to earnestly request you to donate generously to CSBF for supporting the noble cause of financially assisting the fellow Members and their family members in distress.

The details of individuals and organizations who have donated to the CSBF during the Financial Year 2020-21 are available at the link given below:

<https://www.icsi.edu/csbf/home/>

The donations along with your PAN issued by Income Tax Department may be sent to the Institute by way of Cheque (payable at par) or through Demand Draft payable at New Delhi favouring '**Company Secretaries Benevolent Fund**'. The donations can also be remitted through online mode at the link <http://www.icsi.in/ICSIDonation/>

Further, the bank details of CSBF for remitting the donation through NEFT/RTGS Mode are given below:

Account Name	Company Secretaries Benevolent Fund
Name of Bank	Canara Bank
Name of Branch	Lodi Road
Address	ICSI House, 22 Institutional Area, Lodi Road, New Delhi-110003
IFSC Code	CNRB0008546
Account No.	8546101000150

Kindly note that donations to CSBF qualify for deduction under Section 80G of the Income Tax Act, 1961.

If you have any queries regarding CSBF, please feel free to contact us at csbf@icsi.edu

Yours sincerely,

(CS Asish Mohan)
Secretary and Treasurer, CSBF &
Secretary, The ICSI

What My Family Should Know

READY REFERENCE:

Mobile / Phone (Self): _____

		Name	Office address	Residence address	Mobile / Contact number
A	Family Doctor				
B	Specialist Doctor (if any)				
C	Tax Consultant				
D	Insurance Agent				
E	Stock Broker				

DOCUMENTS DETAILS :

		Number	Expiry date (wherever applicable)
A	Passport		
B	Driving license		
C	Credit Cards ATM Cards		
D	Club Membership:		
	Professional		
	Others		
E	Vehicle Details		
F	PAN		
G	Aadhaar Card		
H	CSBF Life Membership		

LOCATION OF IMPORTANT DOCUMENTS :

A.	Personal Will	
B.	Spouse's Will	
C.	Insurance Policies	
D.	Investment Papers	
E.	Property Records	
F.	Birth Certificate	
G.	Marriage Certificate	
H.	ICSI Documents: Membership Certificate	
	Certificate of Practice (COP)	
	CSBF Certificate	
	Firm name registration letter	
I.	Important Agreements	
J.	Other Important Papers	

INSURANCE – LIFE INSURANCE POLICY DETAILS :

Sr. No.	Name/ Nominee	Policy No./ Issuing Office	Amt. Insured	Issue Date/ Maturity Date	Table & Term	Premium	Remarks
1.	Nominee-	Through Mr.		Date of last payment Date of Maturity			
2.	Nominee-	Through Mr.		Date of last payment Date of Maturity			
3.	Nominee-	CSBF Life Membership Number		Date of Admission			

MEDICLAIM / MEDICAL INSURANCE POLICY DETAILS :

Sr. No.	Name & Type of Policy	Policy No./ Previous Policy No.	Amt. Insured	Issue Date/ Maturity Date	Premium	Remarks
1.	Floater Policy					
2.						

VEHICLE INSURANCE POLICY DETAILS :

Sr. No.	Name/Vehicle	Policy No./ Issuing Office	Amt. Insured	Issue Date/ Maturity Date	Premium	Remarks
1.	Reg. No. Model Name & No. Engine No. Chassis No. Mfg Yr. CCNominee- Agent Name & Mobile No.					
2.						
3.						

FIRE / BURGLARY INSURANCE DETAIL :

Sr. No.	Name of the Property/Nominee	Policy No./ Issuing Office	Amt. Insured	Issue Date/ Maturity Date	Risks covered	Premium (Rs.)	Remarks
1.							
2.							

BANK ACCOUNTS

Bank Name	Branch	Type of Account	Operating Instructions	Nominee/s	Specimen Signature

FIXED DEPOSIT/RECURRING DEPOSIT/COMPANY DEPOSIT :

Bank/Company Name & Branch	Type of Dep.	FDR No. (SDR/FDR/RD)	Date of Dep.	Fvg.	Amt. (Rs.)	Due Date	Op. Inst.	Nominee/s	Specimen Signature	Loan/OD availed

BANK ACCOUNTS :

Company	No. of Shares/ Unit	Demat A/c. No.	Demat Bank details	Demat Statement location	Held Single/ Jointly

LOCKERS :

Bank Name & Branch	Locker No.	In the Name of	Code	Rent (Rs.)	Rent Renewal Date	Nominee	Contents

PUBLIC PROVIDENT FUND (PPF) :

Bank Name & Branch	Fvg	PPF A/c. No.	Maturity Date	Nominee/s

PENSION A/C. :

Bank Name & Branch	Type of Account & Pension A/c. No	Operating Instruction	Pension Payment Order No.	Nominee/s	Due Date for Live Certificate	Signature

ATM / DEBIT CARD DETAILS :

Sr. No.	Name	SB A/c. No. / Bank & Branch	ATM / Debit Card No.	Issue Date	Valid Thru	CVV No.	Remarks
1.							
2.							
3.							
4.							
5.							

CREDIT CARD DETAILS :

Sr. No.	Name	Bank's Name	ATM / Credit Card No.	Valid From	Valid Thru	CVV No.	Remarks/ T-Pin
1.							
2.							
3.							
4.							
5.							

PANCARD DETAILS :

Sr. No.	Name	Father's / Husband Name	PANCARD No./ Issue Dt.	Contact Details
1.				
2.				
3.				
4.				

AADHAAR CARD - UID DETAILS :

Sr. No.	Name	Aadhaar Card No./ Enrollment No.	Issue Date	Remarks
1.				
2.				
3.				
4.				
5.				

ELECTION IDENTITY CARD - DETAILS :

Sr. No.	Name	Father's/Husband's Name	Identity Card No.	Issue Date
1.				
2.				
3.				
4.				
5.				

PASSPORT DETAILS :

Sr. No.	Name	Passport No.	Issue Date	Expiry Date	Issuing Authority	Previous Passport Details
1.						
2.						
3.						

RATION CARD DETAILS :

Sr. No.	Name	Ration Card No./Issuing Authority	Issue Date	Remarks
1.				
2.				
3.				
4.				

ELECTRICITY DETAILS :

Sr. No.	Name	House Details	Meter No.	Customer No.	Deposit Rs.	Remarks
1.						
2.						

GAS PIPE LINE DETAILS :

Sr. No.	Name	House Details	Meter No./ Router No.	Customer No./ Khata No.	Deposit Rs.	Remarks
1.						

GAS CYLINDER AGENCY SERVICE DETAILS :

Sr. No.	Name	House Details	Consumer No.	IOC Serial No.	Deposit Rs.	Remarks
1.						

LAND LINE DETAILS :

Sr. No.	Name	House Details	Phone No.	Customer ID/ Account No.	Deposit LL/ Broad Band Wi-Fi Rs.	Remarks
1.						

DRIVING LICENSE DETAILS :

Sr. No.	Name	Driving License No/ Licencing Authority	Issue Date/ CDOI	Valid Details/ Valid From	Valid Till	Remarks/ Blood Group
1.						
2.						
3.						
4.						

HOUSE PROPERTY :

Property Details & standing in the name of:	How acquired (Inherited/ Loan) Bank Loan Details : Loan Amt. Inst. Amt. O/s. Amt.	Registration No. / Share Certificate No.	Nominee If any	Property Card No. and Valid upto	House Tax (Rs.)	Next Due Date of House Tax	Ins. Policy Policy No. Amt. & Due Date	Risk/s Covered	Mortgage with Bank Name & Branch/ Place of Docs.

HOUSE TAX DETAILS :

Sr. No.	Name	House Details	Census No.	Property Identification No. (PIN)	Construction Sq. Mtrs.	Remarks
1.						

INCOME TAX

Permanent Account No.	Ward No. and Office Address	Last Return Filled	File No.

WILL :

My Will is executed as : Copy of the Will is kept at :

POWER OF ATTORNEY :

- Power of Attorney executed for Wife/Son/Others
- My Power of Attorney is
- Deed Executed :
- Details kept in File No.

MY DEBT / LIABILITIES :

(A) I am guarantor of Mr.
Give complete details :

1.

2.

(B) I have borrowed from :
(Give complete details)

(C) Other Liabilities

PROCEDURE TO CLAIM FINANCIAL ASSISTANCE FROM COMPANY SECRETARIES BENEVOLENT FUND (CSBF)

A) IN THE CASE OF DEATH OF THE LIFE MEMBER

Claim for financial assistance from CSBF can be made by submitting the following: -

1. Duly signed application from the dependent claiming financial assistance from CSBF in writing indicating the name, membership number, LM Number and cause of death of the deceased member. Please also indicate communication address, email address, phone number etc.
2. Self attested copy of Identity Proof of the dependent claiming financial assistance.
3. Self attested copy of document in support of having relation with the deceased member (such as Aadhar card, Voter id card, Passport, Marriage Certificate in case of spouse/Birth Certificate in case of children etc.)
4. Copy of Death Certificate of the deceased member.
5. No Objection Certificate from other dependents of the deceased member.
6. Self declaration about annual income in the preceding financial year along with a self attested copy of Income Tax Return filed for the last financial year by the dependent claiming financial assistance, in case the age of the deceased member was above 60 years at the time of death.
7. Copy of cancelled cheque/bank passbook of the dependent claiming financial assistance

B) FOR REIMBURSEMENT OF MEDICAL EXPENSES FOR SELF OR DEPENDENTS

Claim for financial assistance by the Life Member of CSBF for reimbursement of medical expenses incurred for self or dependents can be made by submitting the following: -

1. Duly signed application claiming financial assistance from CSBF indicating the details of medical expenditure, communication address, email address, phone number etc.
2. Original Bills and Payment Receipts for the expenses incurred.
3. An undertaking that the member has neither applied for nor received reimbursement from any other source for the expenses incurred.
4. An undertaking that the member has not claimed any financial assistance for medical reimbursement from CSBF in past. If claimed, details to be provided.
5. Self declaration about his/her annual income in the preceding financial year along with a self attested copy of Income Tax Return filed for the last financial year.
6. Copy of cancelled cheque/bank passbook of the dependent claiming financial assistance

Address to submit request for financial assistance from CSBF

Joint Secretary- Membership
The Institute of Company Secretaries of India
"ICSI-House", C-36, Sector-62
Institutional Area, Noida - 201309



Dear Member,

The Company Secretary Benevolent Fund (CSBF) initiative is a security umbrella for all of us in times of financial needs. We note that some of us may have given the dependent details long back and may now desire to change the same.

As a periodic initiative of the CSBF of your Institute, we now desire to obtain from you, your updated dependent details, if any, which is a very important declaration from your end in the event of any financial claim / reimbursement that is required to be made by you/your dependants in future from the Company Secretaries Benevolent Fund (CSBF).

You are therefore requested to update your dependent details online through member login using the option '**Updation of CSBF dependent details**' under '**Manage Account**' tab and also upload the below format (also available on the web page) duly filled in and signed in the '**upload documents**' section. You can always further update the details in future whenever you so desire. You may write at member@icsi.edu in case you have any query on the matter.

FORMAT

Name of the Member: _____

LM. No. _____ FCS/ACS No. _____

Details of my dependent(s) for Company Secretaries Benevolent Fund are as under:-

Sl. No.	Name(s) of the Dependent(s)	Age	Relation to Member
1.			
2.			
3.			
4.			
5.			

Date : _____

Place : _____

(Signature of the Member)

Regards,

Team ICSI

MOTTO

सत्यं वद। धर्मं चर।

इष्टार्कं त्वां त्वात्ते. अबोवेड by त्वां त्वात्.

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