FORM A

[See Rule 4]

APPLICATION UNDER SECTION 4 OF THE KERALA PAYMENT OF SUBSISTENCE ALLOWANCE ACT, 1972, (27 OF 1973), FOR RECOVERY OF MONEY DUE FROM THE EMPLOYER.

To

The Deputy Labour Commissioner

Kollam

Name (s) and address (es) of the employee(s)
(In block letters)

(i) ..............................................
(ii) ..............................................
(iii) ..............................................
(iv) ..............................................

(N.B.—In case there is not enough space here for writing the names and addresses of all the employees, a separate statement showing the names and addresses of the employees shall be enclosed and that fact shall be noted in the above space).

Name and address of the employer
(In block letters)

..............................................................
..............................................................
..............................................................

I. I/We, the above-named employee(s) I/We, the authorised agent(s)/legal representative(s) of the above-named employee(s), namely apply for recovery and payment to me/us, by issue of a certificate to the Collector, of the amount of Rs ...................
(Rupees ................................................................................................ ) due to me/us/the above-named employee(s) from the above-named employer under Section 3 of the Kerala Payment of Subsistence, Allowance Act, 1972 (Act 27 of 1973).

The above-note amount has become due in the following manner, namely—

(here set out the details of the dues in respect of each of the employees).

II. I/We, declare that the above particulars are true and correct and recovery of the dues have not been stayed by any order of court. I/We approached the employer but the dues have not been paid.

III. I/We enclose a separate statement explaining why the application could not be made within one year from the dates on which the money became due to me/us/the above-named employee(s).

IV. I/We enclose necessary document (true copies of the documents to be enclosed) to prove that I am/we are authorised agent(s)/legal representative(s) of the employee(s) named in column I of the following table;—

<table>
<thead>
<tr>
<th>Name (s) of the employee(s) (In block letters)</th>
<th>Name (s) of the authorized agent (s)/legal representative (s)</th>
<th>Name of the document(s) enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

Dated the

Signature (s) or Thumb impression(s) of the applicant(s)

(i) ..............................................
(ii) ..............................................
(iii) ..............................................
(iv) ..............................................

N.B. Delete the portion not applicable.