

GROUP PERSONAL ACCIDENT & GROUP TERM LIFE INSURANCE POLICY NOMINATION FORM

PLAN NAME: GROUP TERM LIFE INSURANCE (GTL) POLICY

| SL.No | Name of nominee | Relation with the Employee | Age of the Nominees | % to be shared |
|-------|-----------------|----------------------------|---------------------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

PLAN NAME: GROUP PERSONAL ACCIDENT(GPA) POLICY

| | | | | |
|---|--|--|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

If the nominee is a minor, please mention below the name and relationship of the guardian

Guardian Name: _____

Relationship of the Guardian: _____

Employee Name: _____

Branch / Department _____

Place_____
DD MMM YYYY_____
Signature

**Form 2 (Revised)**

Employee ID : _____

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension Scheme, 1995).

1. Name: _____
(IN BLOCK LETTERS) NAME FATHER'S NAME SURNAME

2. Date of Birth : _____ 3. Account No. _____

4. Sex: ☐ Male ☐ Female

5. Marital Status: ☐ Married ☐ Single ☐ Widow ☐ Widower

6. Permanent Address:

7. Temporary Address:

PART A (EPF)

I hereby nominate the person(s) / Cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the "**EMPLOYEES PROVIDENT FUND**" in the event of my death.

| SL. No. | Name of the Nominee(S) | Nominee(s) relationship with the member | Date of Birth | Total Amount of Share of Accumulations in P F. to be paid to each nominee | If the nominee is minor, name relationship & address of the guardian who may receive the amount during the minority of nominee |
|---------|------------------------|---|---------------|---|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

1. Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancel.

2. Certified that my father / mother is/are dependent upon me.

* **strike out which is not applicable.**


 Signature or thumb impression of the subscriber

PART - B (EPS)
(Para - 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/ Widower Children Pension in the event of my death.

| SL. No. | Name and Address of the Family member | Date of Birth | Relationship with member |
|---------|---------------------------------------|---------------|--------------------------|
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |
| | | | |

****Certified that I have no family, as defined para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.**

I hereby nominate the following person for receiving the monthly widow pension [admissible under para 16 (2) (a) (i) & (ii) in the event of my death without leaving any eligible family member/ s for receiving pension.

| SL. No. | Name and Address of the Nominee | Date of Birth | Relationship with member |
|---------|---------------------------------|---------------|--------------------------|
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |
| | | | |

Date: _____

***strike out which is not applicable.**


 **Signature or thumb impression of the subscriber**

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb Impressed before me by Shri. / Smt. / Miss _____ employed in my establishment after he /she has read the entries /the entries have been read over to him / her by me and got confirmed by him /her.

**Name & Address of the Factory/Establishment
Or Rubber Stamp thereof**

**Signature of the employer or other authorized
officer of the establishment**

For Deutsche India Private Limited

Deutsche India Private Limited

Authorised Signatory

Block B-4, B-5, LEVEL 6, Nirlon Knowledge Park,
Western Express Highway
Goregaon (E) Mumbai - 400 063

**Form 2 (Revised)**

Employee ID : _____

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension Scheme, 1995).

1. Name: _____
(IN BLOCK LETTERS) NAME FATHER'S NAME SURNAME

2. Date of Birth : _____ 3. Account No. _____

4. Sex: ☐ Male ☐ Female

5. Marital Status: ☐ Married ☐ Single ☐ Widow ☐ Widower

6. Permanent Address:

7. Temporary Address:

PART A (EPF)

I hereby nominate the person(s) / Cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the "**EMPLOYEES PROVIDENT FUND**" in the event of my death.

| SL. No. | Name of the Nominee(S) | Nominee(s) relationship with the member | Date of Birth | Total Amount of Share of Accumulations in P F. to be paid to each nominee | If the nominee is minor, name relationship & address of the guardian who may receive the amount during the minority of nominee |
|---------|------------------------|---|---------------|---|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

1. Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancel.

2. Certified that my father / mother is/are dependent upon me.

* **strike out which is not applicable.**


 Signature or thumb impression of the subscriber

PART - B (EPS)
(Para - 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/ Widower Children Pension in the event of my death.

| SL. No. | Name and Address of the Family member | Date of Birth | Relationship with member |
|---------|---------------------------------------|---------------|--------------------------|
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |
| | | | |

****Certified that I have no family, as defined para 2 (vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.**

I hereby nominate the following person for receiving the monthly widow pension [admissible under para 16 (2) (a) (i) & (ii) in the event of my death without leaving any eligible family member/ s for receiving pension.

| SL. No. | Name and Address of the Nominee | Date of Birth | Relationship with member |
|---------|---------------------------------|---------------|--------------------------|
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |
| | | | |

Date: _____

***strike out which is not applicable.**


Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb Impressed before me by Shri. / Smt. / Miss _____ employed in my establishment after he /she has read the entries /the entries have been read over to him / her by me and got confirmed by him /her.

**Name & Address of the Factory/Establishment
Or Rubber Stamp thereof**

**Signature of the employer or other authorized
officer of the establishment**

Deutsche India Private Limited
Block B-4, B-5, LEVEL 6, Nirlon Knowledge
Park, Western Express Highway
Goregaon (E) Mumbai - 400 063

For Deutsche India Private Limited

Authorised Signatory

FORM F
[See sub-rule (1) of Rule 6]
NOMINATION

To

1. Shri/Shirman/Kumari.....(Name in full here) whose particulars are given in the statement below hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated theto the controlling authority in terms of the proviso to clause (h) of

Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

NOMINEE (S)

| Name in full with full address of nominee | | Relationship with the employee | Age of nominee | Proportion by which the gratuity will be shared |
|---|--|--------------------------------|----------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| So on. | | | | |

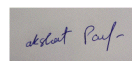
Statement

| | |
|---|--|
| 1. Name of employee in full..... | |
| 2. Sex. | |
| 3. Religion. | |
| 4. Whether unmarried/married/widow/widower. | |
| 5. Department/Branch/Section where employed. | |
| 6. Post held with Ticket No. or Serial No., if any. | |
| 7. Date of appointment | |
| 8. Permanent address: | |

| | | |
|--------------|-----------|---------------|
| Village: | Thana: | Sub-division: |
| Post Office: | District: | State: |

Place:

Date:



Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me

| Name in full and full address of witnesses | Signature of Witnesses |
|--|------------------------|
| 1 | 1 |
| 2 | 2 |

Place:

Date:

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any

Signature of the employer/Officer
Authorised Designation

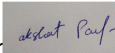
Date: _____

Name and address of the
Establishment or Rubber stamp thereof.

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in Form "F" filed by me and duly certified by the employer.

Date..... ..

Signed  the Employee

Note—Strike out the words/paragraphs not applicable.

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: _____

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

| | | | | | | | | | | |
|---|--|--|--|--|--|------------------------------|-----|-----------------------------|------|--------|
| 1 | Name of the member | | | | | | | | | |
| 2 | Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable) | | | | | | | | | |
| 3 | Date of Birth (DD/MM/YYYY) | | | | | | | | | |
| 4 | Gender: (male / Female /Transgender) | | | | | | | | | |
| 5 | Marital Status (married /Unmarried /widow/divorce) | | | | | | | | | |
| 6 | (a)Email ID: | | | | | | | | | |
| | (b)Mobile No: | | | | | | | | | |
| 7* | Whether earlier a member of Employees 'provident Fund Scheme 1952 | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| 8* | Whether earlier a member of Employees 'Pension Scheme ,1995 | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9) | | | | | | | | | | |
| 9 | a) Universal Account Number(UAN) | | | | | | | | | |
| | b) Previous PF a/c No | | | | | AP | HYD | EST.CODE | EXTN | PF NO. |
| | c) Date of exit from previous employment (DD/MM/YYYY) | | | | | | | | | |
| | d) Scheme Certificate No (if Issued) | | | | | | | | | |
| | e) Pension Payment Order (PPO)No (if Issued) | | | | | | | | | |
| 10 | a) International Worker: | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| | b) If Yes , State Country Of Origin (India /Name of Other Country) | | | | | | | | | |
| | c) Passport No | | | | | | | | | |
| | d) Validity Of Passport (DD/MM/YYYY) to(DD/MM/YYYY) | | | | | | | | | |
| 11 | KYC Details: (attach Self attested copies of following KYCs) ** | | | | | | | | | |
| | a) Bank Account No .& IFS code | | | | | | | | | |
| | b) AADHAR Number (12 Digit) | | | | | | | | | |
| | c) Permanent Account Number (PAN),If available | | | | | | | | | |

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present P.F Account(The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995
- (Post allotment of UAN) The UAN Allotted for the member is.....
 - Please tick the Appropriate Option:
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
- C) In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:
- The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
 - Please Tick the Appropriate Option
 - ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
 - ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: _____

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

| | | | | | | | | | | |
|---|--|--|--|--|--|------------------------------|-----|-----------------------------|------|--------|
| 1 | Name of the member | | | | | | | | | |
| 2 | Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable) | | | | | | | | | |
| 3 | Date of Birth (DD/MM/YYYY) | | | | | | | | | |
| 4 | Gender: (male / Female /Transgender) | | | | | | | | | |
| 5 | Marital Status (married /Unmarried /widow/divorce) | | | | | | | | | |
| 6 | (a)Email ID: | | | | | | | | | |
| | (b)Mobile No: | | | | | | | | | |
| 7* | Whether earlier a member of Employees 'provident Fund Scheme 1952 | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| 8* | Whether earlier a member of Employees 'Pension Scheme ,1995 | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9) | | | | | | | | | | |
| 9 | a) Universal Account Number(UAN) | | | | | | | | | |
| | b) Previous PF a/c No | | | | | AP | HYD | EST.CODE | EXTN | PF NO. |
| | c) Date of exit from previous employment (DD/MM/YYYY) | | | | | | | | | |
| | d) Scheme Certificate No (if Issued) | | | | | | | | | |
| | e) Pension Payment Order (PPO)No (if Issued) | | | | | | | | | |
| 10 | a) International Worker: | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| | b) If Yes , State Country Of Origin (India /Name of Other Country) | | | | | | | | | |
| | c) Passport No | | | | | | | | | |
| | d) Validity Of Passport (DD/MM/YYYY) to(DD/MM/YYYY) | | | | | | | | | |
| 11 | KYC Details: (attach Self attested copies of following KYCs) ** | | | | | | | | | |
| | a) Bank Account No .& IFS code | | | | | | | | | |
| | b) AADHAR Number (12 Digit) | | | | | | | | | |
| | c) Permanent Account Number (PAN),If available | | | | | | | | | |

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present P.F Account(The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer)
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995
- (Post allotment of UAN) The UAN Allotted for the member is.....
 - Please tick the Appropriate Option:
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
- C) In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:
- The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
 - Please Tick the Appropriate Option
 - ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
 - ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment

To,
The Regional Provident Fund Commissioner,
Maharashtra.

Dated: _____

Sub: Application for Regularization of membership - Provident Fund Contribution deducted on salaries over and above Rs.6500/- or at higher rate.
Sir,

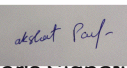
I, the undersigned **Mr/Ms** _____ bearing A/c. No. **MH /** _____ / _____
employee of **M/s** _____ hereby declare that I have been contributing
Provident Fund on my entire salary at the rate of 12% w.e.f. _____

I am an 'excluded' employee within the meaning of Para 2 (f) of the Employees' Provident Fund Scheme, 1952.

I request that :-

- i) I may be enrolled as member of the Employees' Provident Fund, voluntarily w.e.f. _____
- ii) I may be permitted to contribute voluntarily on my entire salary w.e.f. _____
- iii) I may be permitted to contribute @ _____% voluntarily including the statutory rate of 12% w.e.f. _____

Yours faithfully,


Member's Signature.

We **M/s** _____ bearing Code. No. **MH /** _____ hereby declare that :-

- i) We have voluntarily enrolled **Mr/Ms** _____ as member of employees' Provident Fund Scheme w.e.f. _____ and his A/c. No. is **MH /** _____ / _____
- ii) We have been deducting contribution on his entire pay w.e.f. _____
- iii) We have been making matching contribution on entire pay w.e.f. _____
- iv) We have been deducting P.F. contribution voluntarily @ _____% of his entire pay.
- v) We have paid Administrative Charges and submitted all the returns in respect of the above member accordingly and will continue to do so.

We request that this case be regularised by permitting voluntary membership and contribution on entire salary of pay as stated above.

Your faithfully,

For

Place : MUMBAI

Date :

Authorised Signatory

To,
The Regional Provident Fund Commissioner,
Maharashtra.

Dated: _____

Sub: Application for Regularization of membership - Provident Fund Contribution deducted on salaries over and above Rs.6500/- or at higher rate.

Sir,

I, the undersigned **Mr/Ms** _____ bearing A/c. No. **MH /** _____ / _____ employee of **M/s** _____ hereby declare that I have been contributing Provident Fund on my entire salary at the rate of 12% w.e.f. _____

I am an 'excluded' employee within the meaning of Para 2 (f) of the Employees' Provident Fund Scheme, 1952.

I request that :-

- i) I may be enrolled as member of the Employees' Provident Fund, voluntarily w.e.f. _____
- ii) I may be permitted to contribute voluntarily on my entire salary w.e.f. _____
- iii) I may be permitted to contribute @ _____% voluntarily including the statutory rate of 12% w.e.f. _____

Yours faithfully,

akshat Paur

Member's Signature.

We **M/s** _____ bearing Code. No. **MH /** _____ hereby declare that :-

- i) We have voluntarily enrolled **Mr/Ms** _____ as member of employees' Provident Fund Scheme w.e.f. _____ and his A/c. No. is **MH /** _____ / _____
- ii) We have been deducting contribution on his entire pay w.e.f. _____
- iii) We have been making matching contribution on entire pay w.e.f. _____
- iv) We have been deducting P.F. contribution voluntarily @ _____% of his entire pay.
- v) We have paid Administrative Charges and submitted all the returns in respect of the above member accordingly and will continue to do so.

We request that this case be regularised by permitting voluntary membership and contribution on entire salary of pay as stated above.

Your faithfully,

For

Place : MUMBAI

Date :

Authorised Signatory