



The Employees' Pension Scheme, 1995

FORM 2

EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952

[Paragraphs 33 AND 61(1)]

EMPLOYEES' PENSION SCHEME, 1995

[Paragraphs 18]



DECLARATION AND NOMINATION FORM UNDER THE EMPLOYEES' PROVIDENT FUNDS
SCHEME AND EMPLOYEES' PENSION SCHEME

1. UAN : 101813790300
2. Name (in block letters) : ARJUN SUNDARRAJ
3. Father's / Husband's Name : SUNDARRAJ
4. Date of Birth : 04/07/2001
5. Gender : MALE
6. Marital Status : UN-MARRIED
7. Address (Permanent) : 239, South Kudiyeruppu, Karakathikottai, PUDUKKOTTAI, TAMIL NADU, 614619
8. Address (Temporary) : 239, South Kudiyeruppu, Karakathikottai, PUDUKKOTTAI, TAMIL NADU, 614619
9. (A) Date of Joining of EPF : 09/05/2022
- (B) Date of Joining of FPS : --
- (C) Date of Joining of EPS : 09/05/2022



PART A (EPF)

I hereby nominate 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

Name of the Nominee / Nominees	Address	Nominees's relationship with the Member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee	If the Nominee is minor, name and relationship and address of the guardian who may receive the amount during the minority of
(1)	(2)	(3)	(4)	(5)	(6)
 SUNDARRAJ SELLAIYA AADHAAR: XXXX XXXX 7414 Bank A/c: NOT AVAILABLE	239, South Kudiyeruppu, Karakathikottai, PUDUKKOTTAI, TAMIL NADU, 614619	Dependent Father	03/04/1972	50%	--
 DEVI SUNDARRAJ AADHAAR: XXXX XXXX 0274 Bank A/c: NOT AVAILABLE	239, South Kudiyeruppu, Karakathikottai, PUDUKKOTTAI, TAMIL NADU, 614619	Dependent Mother	02/04/1975	50%	--

1. *Certified that I have no family as defined in Para 2(g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family hereafter the above nomination should be
2. *Certified that my father/mother is/are dependant upon me.

(Signature is not required as the document is to be digitally signed)


PART B (EPS)
(Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow / children pension in the event of my death:

Sl. No.	Name of the Family members	Address	Date of Birth	Relationship with the
(1)	(2)	(3)	(4)	(5)
1	<div><div></div><div>--</div></div>	--	--	--

*Certified that I have no family as defined in Para 2(vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in

I hereby nominate the following person for receiving the monthly widow pension admissible under para 16(2)(a)(i) and (ii) in the event of my death without leaving any

Name and Address of the Nominee	Date of Birth	Relationship with the member
<div><div></div><div>SUNDARRAJ SELLAIYA AADHAAR: XXXX XXXX 7414 Bank A/c: NOT AVAILABLE</div></div>	03/04/1972	FATHER

Date 14-Mar-2025

(Signature is not required as the document is to be digitally signed)