

PF/PENSION (EPS) NOMINATION FORM

Form 2 - Revised

Employee Number

2000160739

NOMINATION AND DECLARATION FORM
(For Unexempted / Exempted Establishments)

Declaration and Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme (Paragraph 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1	NAME	DHANASHREE R	6	PF ACCOUNT NUMBER	
2	FATHER'S / HUSBAND'S NAME	RAJENDRAN A	7	ADDRESS	
3	DATE OF BIRTH (MM/DD/YYYY)	15-Nov-03	a)	PERMANENT ADDRESS	AG WOMEN PG, AADITHYA ARCADE , 146-A, RAJIV GANDHI SALAI, OMR, EGATTUR CHENNAI, TAMILNADU 600130
4	GENDER	FEMALE	b)	CURRENT ADDRESS	NO. 54 , 3RD STREET RAM NAGAR, NEAR MILLER STOP, TIRUPPUR, TAMIL NADU 641602
5	MARITAL STATUS	UNMARRIED	8	TEL / MOBILE NUMBER	9345568490

PART-A (EPF)

I hereby nominate the person(s) / cancel I 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.

Name of the Nominees	Address	Nominee's relationship with the member	Date of Birth (MM/DD/YYYY)	Total amt. Or share of accumulations in Provident Fund to be paid to each nominee	If the Nominee is a minor name, relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
RAJENDRAN A	NO. 54 , 3RD STREET RAM NAGAR, NEAR MILLER STOP, TIRUPPUR, TAMIL NADU 641602	FATHER	1-May-71	100%	NOT APPLICABLE

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 deemed as cancelled.*

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

* Strike out whichever is not applicable



Signature or thumb impression of the subscriber

PART-B (EPS)
Paragraph 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. (In case of Married)

S.No.	Name & Address of the family member	Date of Birth (MM/DD/YYYY)	Relationship with member
1	2	3	4
1)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
2)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
3)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

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

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

S.No.	Name & Address of the family member	Date of Birth (MM/DD/YYYY)	Relationship with member
1	2	3	4
1)	RAJENDRAN A	1-May-71	FATHER
2)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
3)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

* Strike out whichever is not applicable


Signature or thumb impression of the subscriber

CERTIFICATE BY THE EMPLOYER

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

Place MUMBAI

Date 25-Oct-25

Signature of the authorised officers of the establishment

Name _____

Designation _____

Name & Address of the establishment

Hexaware Technologies Ltd.

152, Sector – III, Millennium Business Park

'A' Block, TTC Industrial Area, Mahape,

Navi Mumbai – 400710