



EMPLOYEES' PROVIDENT FUND ORGANISATION

Form No. 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

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

1. Name (in block letters)...
2. Father's/Husband's name...
3. Date of Birth...
4. Sex: ...Male ☐ Female ☐
5. Marital Status...
6. Account No...
7. Permanent Address...
Temporary Address...

➔ All the column marked in "RED" should be filled it's mandatory

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:

Name & Address of the Nominee/s	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation 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

➔ Please mention nominee details in the columns marked in "Red"
In Column "4" please mention the share in "%" (Ex: 100% or 50% etc...)

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 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

➔ Your Signature is mandatory

Date of joining E.P.F. / /19
Past Service year /19
Date of joining EPS /19

FOR OFFICE USE ONLY

ENTRIES VERIFIED

D.A S.S. A.A.O



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 of the family member	Address	Date of Birth	Relationship with member
1	2	3	4	5

➔ If you are previous PF contributor then mention the details required
If you are a fresher not require to fill these details

**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 thereon in the above form.

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

Table 1

Name & Address of the nominee	Date of Birth	Relationship with member

Date: Date Of Joining

*Strike out which ever is not applicable.

Signature or thumb impression of the subscriber

➔ Your Signature is mandatory

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed /thumb impressed before me by Shri/Smt./Kum.....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.

Dated the.

For Company Name

Authorised Signatory