**Employee ID:**

**SUBMITTED ON .............**

(For Unexempted/Exempted Establishment)

NOMINATION & DECLARATION FORM

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

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

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

**FORM 2 (REVISED)**

1. Date of Joining Company :
2. PF Deduction Date :

# 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 of the nominee/nominees | Address | Nominee's relationship with the member | Date of Birth | Total amount of share of accumulation s 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. \*Certified that I Have no Family as defined in Para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquirea 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

**Employee ID:**

# 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 member |

# PART-C (EPS)

\*\* 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 widow pension (admissible under para 16 2(a) (I) &(ii) in event of my death without leaving any eligible family member for receiving pension)

|  |  |  |
| --- | --- | --- |
| Name & Address of the Nominee | Date of Birth | Relationship with the member |

Date :

\*\* strike out whichever 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 Sri/Smt./Kum

employed in my establishment after he/she read the entries have been read over to him/her by me and got confirmed by him/her

Place : Signature of the employer or other authorised

Officers of the establishment

Dated the : Designation

Name & Address of the Factory/Establishment or Rubber Stamp thereof