

Employee No :

Form - 2

Date of Joining: / /

Group No: Corporate 1  
Office: Bandra

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

Declaration and nomination Form under the Employee's Provident Funds and Employee's Pension Scheme. (Paragraph 33 and 61(1) of Employee's Provident Fund Scheme, 1952 and Paragraph 18 of Employee's Pension Scheme, 1995)

Name (in Block Letters)	
Father's / Husband's Name	
Date of Birth	
Sex	
Marital Status	
PF Account No	MH/BAN/45665/
Present Address	
Permanent 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.

Name & Address of the nominee /nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of Accumulations in Provident Fund to be paid to each Nominee (percentage)	If the Nominee is a minor, name and 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 acquire a family hereafter the above nomination should be deemed as cancelled.
  2. \* Certified that my father /mother is / are dependent upon me.
- \* Strick out whichever is not applicable.

\_\_\_\_\_  
X Signature of the Employee

**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.

SR.NO	Name and Address of the Family Members	Date of Birth	Relationship with Member

\*\* 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) (i) & (ii) in the event of my death without leaving any eligible family member / s for receiving pension.

SR.NO	Name and Address of the Family Members	Date of Birth	Relationship with Member

DATE : \_\_\_\_\_

Strike out whichever is not applicable

\_\_\_\_\_  
X Signature of the Employee

**CERTIFICATE BY EMPLOYER**

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

**employed in my/our Establishment after he/she has read the entries/entries has been read over to him/her by me and got confirmed by him/her**

For

Authorized Signatory

Accenture Solutions Pvt. Ltd,  
Plant 3, Godrej & Boyce Complex,  
LBSMarg, Vikhroli (W), Mumbai – 400 079

Place: Mumbai

Date: \_\_\_\_\_

PF\_Emp.Id \_\_\_\_\_