



Employee Code: 215200

PF FORM - 2 (Revised)
NOMINATION AND DECLARATION FORM
For Unexempted/Exempted Establishment

Declaration and Nomination Form under the Employee's Provident Fund & 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 Letters)	:	<u>Naveen Ponguru</u>
2. Father's/Husband's Name	:	<u>Sreenivasulu</u>
3. Date of Birth	:	<u>01/07/1992</u>
4. Sex	:	<u>Male</u>
5. Marital Status	:	<u>Single</u>
6. Account No	:	<u></u>
7. Address Permanent	:	<u>1-177, West Street, Gangavaram, Kovur, Nellore, Andhra Pradesh, India, 524137</u>
Temporary	:	<u>1-177, West Street, Gangavaram, S.P.S.R Nellore, Andhra Pradesh, Nellore, Andhra Pradesh, India, 524137</u>
8. Date of Joining	:	<u>12/09/2022</u>

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 Nominees	Address	Nominees relationship with the Member	Date of Birth	Total amount or share of accumulations in Provident	If the Nominee is a minor, name
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				Fund to be paid to each Nominee	relationship Address of the guardian who may receive the amount during the minority of Nominee
Sreenivasulu Ponguru	1-177, West Street, Gangavaram,S.P.S.R Nellore, Andhra Pradesh	Father	01/01/1962	100	

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

Note: - A fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

X

P. Naveen

Signature/Thumb impression of the employee (Subscriber)

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 Member	Date of Birth	Relationship With Member
(1)	(2)	(3)	(4)

****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 family Pension [Admissible under Para 16 (2) (a) (I) & (ii)] in the event of my Death without leaving any eligible Family Member/s for receiving Pension

Name of The Nominee	Address	Date of Birth	Relationship With the Member
1	2	3	4
Sreenivasulu Ponguru	1-177, West Street, Gangavaram,S.P.S.R Nellore, Andhra Pradesh	01/01/1962	Father

Date :29/08/2022

*Strike out whichever is not applicable

X

Signature/Thumb impression of the employee (Subscriber)

CERTIFICATE BY EMPLOYER

Certified that the above Declaration and Nomination has been Signed/Impression before me by
Shri _____

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 :

For IDFC FIRST Bank Limited

Authorized Signatory

**IDFC FIRST Bank Ltd, Naman Chambers,
C-32, G Block, BKC, Bandra (E), Mumbai - 4000051**

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