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| **Employee no.** |  | **FORM 2 (REVISED)** |

**NOMINATION & DECLARATION FORM**

**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds

and Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and

Para 18 of the Employees, Pension Scheme, 1995)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name |  | | |
| 1. Father’s / Husband’s name |  | | |
| 1. Date of birth |  | 1. Sex |  |
| 1. Marital status |  | 1. Religion |  |
| 1. Address |  | | |
| 1. Date of joining |  | 1. Department in which working |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART – 1 (EPF)**  **Employees Provident Fund**  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 in the Employees' Provident Fund in the event of my death. | | | | | |
| **Nominee name** | **Nominee address** | **Nominee’s relationship with the member** | **Birth date** | **Total Share of accumulation in PF to be paid to each nominee** | **If the nominee is minor, name & relationship & address of the guardian who may receive the amount during minority of nominee** |
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1. # Certified that I have no family as defined in para 2 (g) of the Employee's Profident Fund Scheme, 1952 and should I accuire a family there after 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. : Member should sign both pages SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER

**PART – 1 (EPS)**

**Employees Pension Fund**

**Para 18**

**(FOR MARRIED MEMBERS ONLY)**

I hereby furnish below particulars of the members of my family who would be eligible to receive widow(er) / children Pension in the event of my death.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Family Member** | **Address of the Family Member** | **Date of Birth** | **Relationship With Member** |
|  |  |  |  |
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# Certified that I have no family as defined in 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(s) for receiving the monthly family pension (admissible under para 16(2) (i) and (ii) in the event of my death without leaving any eligible family member(s) for receiving pension

**(Applicable to all members)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Family Member** | **Address of the Family Member** | **Date of Birth** | **Relationship With Member** |
|  |  |  |  |
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|  |  |  |  |

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

# Strike out whichever is not applicable. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE BY EMPLOYER**

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|  |

Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the site in charge Signature of the Employer OR other Authorised

with rubber stamp Officer's of the Establishment signature with designation

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

|  |
| --- |
| **TECNIMONT PVT LTD**  Tecnimont House,  Chincholi Bunder, 504 Link Road,  Malad(West), Mumbai-400 064. |

(Name and address of the factory / estt. or rubber stamp thereof)

**APPENDIX (2)**

**FORM OF APPOINTMENT OF BENEFICIARY (NOMINATION)**

The Trustees,

Tecnimont Pvt Ltd Employees Group

Gratuity-cum-Life Assurance Scheme.

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Nominee / Beneficiary** | **Address of the Nominee / Beneficiary** | **Relationship with member** | **Date of Birth** | **Proportion by which Gratuity ((Total benefits) will be shared by each Nominee/Beneficiary** |
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I hereby certify that the person(s) mentioned herein above is/are my wife/children/lawfully adopted child/dependent parents/husband.

I hereby declare that I have no family and should I acquire family hereafter the appointment of Beneficiary/Nominee should be deemed as cancelled.

My father/mother/parents/sister(s)/minor brother(s) is/are not dependent on me.

My husband/father/parents is/are not dependent on me.

I also declare that this appointment of Beneficiary/ies Nominee/s made herein shall have the effect of my revoking the appointment of Beneficiary/ies Nominee/s made by me earlier.

I give below the particulars about myself:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Full name |  | | 1. Sex | |  |
| 1. Father’s / Husband’s name |  | | 1. Date of birth | |  |
| 1. Marital status |  | | 1. Religion | |  |
| 1. Address |  | | | | |
| 1. Date of joining service |  | 1. Date of joining   scheme | |  | |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of Member/Employee)**

Two witnesses to the signature

**Name Address Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Trustees**

Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Self and Co-Trustees of Tecnimont Pvt Ltd**

**Employees Group Gratuity cum Life Assurance Scheme**

**Note :**

1. Where an Employee Member has a family at the time of appointing a Beneficiary/Nominee, the Nomination should be made in

favor of Members of his family only. Any Nomination made by such Employee in favor of any other persons not belonging to

his family shall be invalid.

2. An appointment of Beneficiary/Nominee made by the Member may be changed at any time, after giving a written notice to the

Trustees of his intention to do so. If the Nominee predeceases the Member (Employee) the interest of the Nominee shall

revert to the Member (Employee) or his estate.

3. The appointment of Beneficiary/Nominee or any change thereof made from time to time shall take effect to the extent it is

valid on the date on which it is received by the Trustees.

4. For the purpose of the Scheme, Family means Member's (Employees's) spouse, legitimate children/ step children, parents,

sisters and minor brothers dependent upon him / her.

**APPENDIX (2)**

**FORM OF APPOINTMENT OF BENEFICIARY (NOMINATION)**

The Trustees,

Tecnimont Pvt Ltd Employees Superannuation Scheme

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| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Nominee / Beneficiary** | **Address of the Nominee / Beneficiary** | **Relationship with member** | **Date of Birth** | **Proportion by which Superannuation scheme ((Total benefits) will be shared by each Beneficiary / ies** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I also declare that this appointment of Beneficiary/ies made herein shall have the effect of my revoking the appointment of

Beneficiary/ies made by me earlier.

I give below the particulars about myself:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Full name |  | | 1. Sex | |  |
| 1. Father’s / Husband’s name |  | | 1. Date of birth | |  |
| 1. Marital status |  | | 1. Religion | |  |
| 1. Permanent Address |  | | | | |
| 1. Date of joining service |  | 1. Date of joining   scheme | |  | |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of Member/Employee)**

Two witnesses to the signature

**Name Address Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Trustees**

Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trustees, Tecnimont Pvt Ltd**

**Employees Superannuation Scheme**