**Form No-2(revised)**

**EMPLOYEES' PROVIDENT FUND ORGANISATION NOMINATION AND DECLARATION FORM**

**FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

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 Letters)  **Emp id** |  | 8 | **Permanent Address** |
| 2 | Father's/Husband's Name (in case of married Women) |  |
| 3 | Date of Birth |  |
| 4 | Sex |  | 9 | **Present Address** |
| 5 | Marital Status |  |
| 6 | Account No |  |
| 7 | Nationality |  |

#### PART - A EPF (EMPLOYEES PROVIDENT FUND)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees, Provident Fund, in the event of my death:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Nominee/ Nominee's | Address | Date of birth | Nominee's Relationship With the Member | Total amount or share of accumulation in Provident Fund to be paid to each nominee | If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. \*Certified that I have no family as defined in para2(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

FOR OFFICE USE ONLY

|  |
| --- |
| Dt. of Joining E.P.F. / / 20 |
| Past Service Year |
| Dt. of Joining E.P.S. / / 20 |

A.A.O.

S.S.

D.A.

ENTRIES VERIFIED

**PART - B - EPS (EMPLOYEES' PENSION SCHEME)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No: | Name & address of the family member | Address | Date of birth | Relationship with member |
| **1** | **2** | **3** | **4** | **5** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1. \*\*Certified that I have no family, as defined in para 2(iv) of Employees' Pension Scheme. 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
2. I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (i) & (ii) the 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 Shri/Smt./Kum **Name of Employee** employed in the establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Date : Signature of the Employer or other authorized Officers of the Establishment Designation

Place : Name & Address of the Factory/Establishment or Rubber stamp thereof.