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PF\_13415354

Reference No: 1591130 Employee ID : 13415354

Date of Joining: 18 / Feb /2022

Last Updated Date: 03-Jul-2025 15:05

Form - 2

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

rovident Fund Scheme, 1952 and Para	igraph 18 of Employee's	Pension Scheme, 19	995)						
Name (in Block Letters)	PRAVEEN (	3 K							
Father's / Husband's Name	KUMAR G								
Date of Birth	28 / Feb /20	28 / Feb /2000							
Sex	Male	Male							
Marital Status	Unmarrie	Unmarried >							
PF Account No	MH/BAN/4	MH/BAN/45665/ 1488533							
Present Address	No 309, KARUR -		2ND STREET, NOF	RTH GANDHIGRAMAM,					
Permanent Address	No 309, KARUR -		2ND STREET, NOF	RTH GANDHIGRAMAM,					
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.									
				Add	New Row				
	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, nar and relationship & address of guardian who may receive the amount during the minority of nominee	f the e				
KUMAR G & No 309, PERIYAR NAGAR 2ND STREET, NORTH GANDHIGRAMAM,	FATHER	01/02/1964	50	-	<b>✓</b>				
VASANTHI K & No 309, A PERIYAR NAGAR 2ND STREET, NORTH GANDHIGRAMAM,	MOTHER	30/08/1975	50	-	<b>✓</b>				
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.

					Add New Row			
SR.NO	Name And Address of the Family Members	Date of Birth	Relationship with Member					
1								
2								
3		<b>*</b>						
4		<b>*</b>						
5		<b>*</b>						
** 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 le	eaving any eligible family member / s f	or receiving pension.	perision [ aumissible under	рага	10 (2) (i) & (ii) iii tile event of my death			
					Add New Row			
SR.NO	Name and address of the Nominee	Date of Birth	Relationship with Member					
1	KUMAR G & No 309, PERIYAR NAGAR 2ND STREET, NORTH GANDHIGRAMAM,	01/02/1964	FATHER	<b>✓</b>				
2	VASANTHI K & No 309, A PERIYAR NAGAR 2ND STREET, NORTH GANDHIGRAMAM,	30/08/1975	MOTHER	<b>✓</b>				
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, LBS Marg, Vikhroli (W), Mumbai – 400 079								
Place: Mumbai								