

**Burns Philp India Pvt. Ltd. Employees' Provident Fund**  
**Declaration and Nomination Form**  
**( Under Rules 9( c) & 21(a)**

1. Name \_\_\_\_\_
2. Sex \_\_\_\_\_
3. Religion \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Husband's Name \_\_\_\_\_ (For married women only)
6. Marital Status \_\_\_\_\_ (whether unmarried, married , widow or widower )
7. Date of Birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
8. a) Permanent Address  
  
b) Present Address
9. Nature of appointment \_\_\_\_\_
10. Date of joining the service of the Company \_\_\_\_\_
11. Date of joining the Fund \_\_\_\_\_
12. Salary per month on the date of joining the Fund  
Basic Rs. \_\_\_\_\_ DA Rs. \_\_\_\_\_

I hereby nominate the persons mentioned below ( overleaf ) to receive the amount standing to my credit in the Fund, in the event of my death before that amount has become payable, under the Rules and Regulations of the Fund or having become so payable, has not been paid and direct that the said amount shall be distributed among the said persons in the manner shown below against their names:-

Name and Address of the Nominee (1)	Nominee's / Nominees' Relationship with the member (2)	Age of Nominee (3)	Amount of share of accumulations in the Fund to be paid to each Nominee** (4)	Signature or Left Thumb impression of the Nominees (5)

**\*\* This** column should be filled in so as to cover the whole amount that may stand to the credit of the member in the Fund at any time.

As Shri / Kumari \_\_\_\_\_ the sole nominee is a Minor on this date, I appoint Shri / Smt. \_\_\_\_\_, age \_\_\_\_\_ years on last birth day ( i.e. \_\_\_\_\_ ) whose signature \* is given below to receive the amount for the time being due in the event of my death during the minority of the said nominee Shri / Kumari \_\_\_\_\_.

\* Signature of Shri / Smt. \_\_\_\_\_  
(Delete if not necessary)

1. Certified that I have no family as defined in Rule 3 (f) of the Rules and Regulations of the Fund and should I acquire a family under that rule hereafter the above nomination should be deemed as cancelled.
2. Certified that my father and / or mother is / are dependent upon me.

(Signature or Left Thumb  
impression of the Member)

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Certified that above declaration has been signed / thumb impressed by Shri / Srimati \_\_\_\_\_ (he / she has read the entries) employed in our establishment before us after the entries have been read over to him / her.

Date : \_\_\_\_\_  
Signature of the Employer or other authorised officer  
Name and Designation of the Signatory: