

NOMINATION & DECLARATION FORM

FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Group No.:

Office :

**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 (In Block Letters) _____

2 FATHER'S / HUSBAND'S NAME _____

3 DATE OF BIRTH _____ 4. SEX _____
(Male / Female)

4 MARITAL STATUS _____
(Married / Unmarried / Widow / Widower)

5 ACCOUNT NO. _____

6 ADDRESS _____

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 & Address of the Nominee(s)	Nominee's relationship with the member	Date of Birth	Total amt. or share of accumulation in PF to be paid in each nominee	If the nominee is minor, name & relationship & add. of the guardian who may receive the amount during minority of nominee
(1)	(2)	(3)	(4)	(5)

- 1 * Certified that I have no family as defined in para(g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family thereafter 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

X

SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER

PART - B (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to

Sr. No.	Name & Address of the family member/s	Date of Birth	Relationship with Member
(1)	(2)	(3)	(4)

** Certified that I have no family, as defined in para 2 (vii) of the Employees' Pension Scheme, 1948. If 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 to me under (i) and (ii) in the event of my death without leaving an eligible family member/s for receiving

Name & Address of the Nominee	Address	Date of Birth	Relationship with members
(1)	(2)	(3)	(4)

Date : _____

(*) Strike out whichever is not applicable. **X** _____
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. / Miss. _____

employed in my / our establishment after he / she has read the entire / the entries have been read over to him / her by me and got confirmed by him / her.

Place: _____

Date : _____

Signature of the Employer's OR other Authorised
Officer's of the Establishment
Signature with Designation



(name and address of the factory / estt. Or rubber stamp thereof)