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PF_11657782

Reference No: 755920 Employee ID: 11657782

rployee ID : 11657782

Form - 2

Group No: Corporate 1

Date of Joining: 28 / Nov /2018

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 Provident Fund Scheme, 1952 and Paragraph 18 of Employee's Pension Scheme, 1995)

THAMIZHARASU MUNUSWAMY Name (in Block Letters) Father's / Husband's Name MUNUSWAMY GOVINDAN Date of Birth 10 / Jun /1996 Sex Male Marital Status Unmarried > PF Account No MH/BAN/45665/ 1224629 NO.7/118, BHARATHI STREET, C. PALLAVARAM, CHENNAI-600043 Present Address NO.7/118, BHARATHI STREET, C. PALLAVARAM, CHENNAI-600043 Permanent 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.

Add New Row Total amount or If the Nominee is a minor, share of name and relationship & Nominee's Name & Address of the accumulations in address of the guardian relationship with the Date of Birth nominee / nominees Provident Fund to be who may receive the member paid to each amount during the nominee(percentage) minority of nominee MUNUSWAMY G, NO.7/118, BHARATHI NO.7/118, BHARATHI 13/09/1962 STREET, C. PALLAVARAM, CHE **FATHER** 50 **V** STREET, C. PALLAVARAM, CHE NNAI-600043 NNAI-600043 PRABHAVATHI M, NO.7/118, BHARATHI 18/04/1971 NO.7/118, BHARATHI STREET, C. PALLAVARAM, CHE **MOTHER** 50 STREET, C. PALLAVARAM, CHE NNAI-600043 NNAI-600043

- 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

Office: Bandra

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.

SR.NO Name And Address of the Family Members

Date of Birth Member

Relationship with Member

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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 leaving any eligible family member / s for receiving pension.

Add New Row Relationship with Name and address of the SR.NO Date of Birth Nominee Member 1 3 5 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

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Authorized Signatory

Accenture Solutions Pvt. Ltd, Plant 3, Godrej & Boyce Complex, LBS Marg, Vikhroli (W), Mumbai – 400 079

Place:	Mumbai		
Date:			

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