

(This form is not applicable for Interns)

Provident Fund & Family Pension & Life Assurance Nomination Details

1	2	3	4	5
	1	1 2		



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FORM.2 (REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED I EXEMPTED ESTABLISHMENTS

Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme (Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

Name (in block Letters)
 Father's /Husband's Name
 Date of Birth
 Sex
 Marital Status
 PF Account No.
 Pension Account No.
 Residential 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:

Beneficiary Name	Beneficiary Address	Beneficiary Relationship	Beneficiary Date of Birth	Proportion of Lumpsum %	Beneficiary Guardian Name 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

^{*}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.

^{*}Certified that my father / mother is /are dependent upon me.

^{*}Strike out whichever is not applicable.



*Strike out whichever is not applicable

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PART-B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No	Beneficiary Name and address of the family members	Beneficiary Date of Birth	Beneficiary Relationship with the member
1			
2			
3			
4			
5			

I hereby nominate the following persons for receiving the monthly pension (admissible under para 16 2(a) (i) and (ii) of Employee's Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension:

Sr. No	Beneficiary Name and Address	Beneficiary Date of Birth	Beneficiary Relationship with the member
1			
2			
3			
4			
5			

04/09/2025 Date:	
	Signature/ or Thumb impression of the Subscriber
	Electronically signed by: Venkatesan D

^{**}Certified that I have no family, as defined in para 2(vii) of Employees 'Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.



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CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by shri/smt./kum. Employed in my establishment after he/she has read the entries/ the entries have been read over to him/her be me and got confirmed by him/her.

> For Capgemini Technology Services India Ltd

Date:

Place:

Authorized Signatory Capgemini Technology Services India Limited

> Plant.2, Block A, Godrej IT Park,

Godrej & Boyce compound, LBS Marg, Vikhroli (West), Mumbai-400079

Note:

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART-A(EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow, and children if unmarried: Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME: PART – B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried: Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

(I) Married

(a) Wife in the case of male member.

(b) husband in the case of female member; and

(c) Sons and daughter up to age of 25 years
Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

(I) Unmarried

(a) Mother (b) Father

****Further please note a fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid.