

# FORM 2 REVISED

GR. NO.: CHARKOP - 49

## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS



Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes.

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995).

1. Name (IN BLOCK LETTERS) :

NAME FATHER / HUSBHAND NAME SURNAME

1. Date of Birth: 3. Account No.
2. 4. \*Sex : MALE / FEMALE: 5. Marital Status :
3. Address Permanent /Temporary :

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 OF THE NOMINEE(S) | ADDRESS | Nominee's  Relationship with the Member | DATE OF BIRTH | Total Amt. or I  share of accumulation in PF to be paid  to each nominee | f the nominee is minor  name & address of the guardian who may receive the amount during the minority of |
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* 1. \*Certified that I have no family as defined in para (2) 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.

# X

**STRIKE OUT WHICHEVER IS NOT APPLICABLE. Signature / or thump impression of the PART - (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 premature death in service.



|  |  |  |  |
| --- | --- | --- | --- |
| Sr.  No. | Name & Address of the Family Member. | DATE OF BIRTH | Relationship with the Member. |
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Certified that I have no family as defined in para 2 (vii) of the Employee's Family Pension Scheme 1995 and should I require a family hereafter I shall furnish Particulars the on in the above form.



I hereby nominate the following person for receiving the monthly Widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.



|  |  |  |  |
| --- | --- | --- | --- |
| Sr.  No. | Name & Address of the Nominee. | DATE OF BIRTH | Relationship with the Member. |
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# X

DATE : / / 200 **Signature / or thump 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 establishment after He / She has read the entries / the entries have been read over to Him / Her by me and got confirmed by Him / Her.

## FOR DATAMATICS GLOBAL SERVICES LTD.

**AUTHORISED SIGNATORY**

|  |  |
| --- | --- |
| DATE : / / 200  **Name & Address of the factory / Establishment. DATAMATICS GLOBAL SERVICES LTD.** KNOWLEDGE CENTRE, PLOT 58,  ST. NO. 17, MIDC,  ANDHERI (EAST), MUMBAI- 400 093. | **Signature of the Employer or other Authorized officer of the Establishment.** |

DATE: / / 200

Place: