

**FORM – 2****EMPLOYEES' PROVIDENT FUND ORGANISATION  
NOMINATION AND DECLARATION FORM  
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees, Provident Funds & Employees, Pension Scheme (Paragraph 33 & 61 (1) of the Employees, Provident Fund Scheme, 1952 & Paragraph 18 of the Employees, Pension Scheme, 1995)

1	Name (in Block Letters)		7	Permanent Address
2	Father's/Husband's Name (in case of married Women)			
3	Date of Birth			
4	Sex		8	Temporary Address
5	Marital Status			
6	Account No KN/			

**PART –A EPF (EMPLOYEES PROVIDENT FUND)**

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees, Provident Fund, in the event of my death:

Name of the Nominee/ Nominee's	Address	Date of Birth	Nominee's Relationship With the Member	Total amount or share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6

1. \*Certified that I have no family as defined in para2(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.

\*Strike out whichever is not applicable.

Signature/or thumb impression of the subscriber

**PART – B – EPS (EMPLOYEES' PENSION SCHEME)**

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children Pension in event of my death.

Sl. No.	Name & address of the family member	Address	Date of Birth	Relationship with member
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				

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

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

Name & Address of the nominee	Date of Birth	Relationship with the member

Date:

\*Strike out whichever is not applicable.

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

Date:.....

Signature of the Employer or other authorized Officers of the Establishment

Designation

Place:.....

Name & Address of the Factory/Establishment or Rubber stamp thereof.