

FORM 2 (Revised)Employee No. _____
(Mandatory)**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and paragraph 18 of the Employees' Pension Scheme, 1995)

1 Name (in Block Letters) : < Name of the Employee >
 2 Father's/Husband's Name : < Father's Name or Husband Name >
 3 Date of Birth : < Employee Date of Birth >
 4 Sex (Male/Female) : < Employee Gender >
 5 Marital Status : < Employee Marital Status >
 6 Account No. (PF/EPS Number) : **PY/BOM/10088/** < Leave this field Blank >

7 Address (Residential) : Permanent: < Permanent Address of an Employee >

Temporary: < Temporary Address of an Employee >

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 nominee/ Nominees	Address	Nominee's relation- ship with the member	Date of Birth	Total amount of Share of Accumulations in Provi- dent Fund to be paid to Each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during The minority of nominee
1	2	3	4	5	6
< Name of the Nominee >	< Nominee Address >	< Employee Relationship With the Nominee >	< DOB of Nominee>	< % of share of accumulations > < Total % of share Should be 100% >	

- 1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds 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.
 3. * Strike out whichever is not applicable.

< Employee Signature >

Signature or thumb impression of the subscriber

**Strike out whichever is not applicable.

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.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1	< Name of the family Member >	< Nominee Address >	< Nominee DOB >	< Nominee Relationship with employee >
2				
3				
4				

** 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.

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

Name and Address of the Nominee	Date of Birth	Relationship with the member
1	2	3
1. < Name & address of the Nominee >	< DOB of Nominee>	< Nominee Relationship with Employee>
2.		
3.		
4.		

Date :< Date >

< Employee Signature >

Signature or thumb impression of the subscriber

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari _____ 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.

Place: _____

Date _____

Signature of the Employer or other authorised
Officer of the establishment

Designation.....
Name and address of the Factory/Establishment