

Form - I

Nomination and Declaration Form

Part A – Employee Details

Name of Employee (in block letters): _____

Employee Number: _____

Date of Birth: _____

Gender: _____

Marital Status: _____

Father's /Spouse's name: _____

Address (Permanent): _____

Address (Temporary): _____

I hereby nominate the person(s) /cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount in respect of claims pertaining to myself under any of the applicable Insurance Policy of the Employer and any other amount due to me from the Employer, in the event of my death.

Part B – Nominee Details

Name of the Nominee (s)	Address	Nominee's relationship with the employee/ member	Date of Birth of the Nominee	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)

(Strike out whichever is not applicable.)

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. Certified that my father/mother is /are dependent upon me.
3. The above nomination(s) hold true unless revised by me.

Place:

Date:

Signature of the Employee

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by

Mr. /Ms. _____ employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the Employer or other authorized officer

Of the establishment and Designation

Place:

Date:

Name and Address of the Factory/

Establishment and rubber stamp thereof