

**Composite Declaration Form -11**

(To be retained by the employer for future reference)

**EMPLOYEES' PROVIDENT FUND ORGANISATION****Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &****Employees' Pension Scheme, 1995 (Paragraph 24)**

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member		Name should exactly match with your Aadhaar Card					
2	Father's Name <input type="checkbox"/>	Spouse's Name <input type="checkbox"/>	- Kindly provide your father's name - Only in case of married female employees, provide your spouse name					
3	Date of Birth: ( DD / MM / YYYY )		Kindly provide your personal details in Point No. 3 to 6					
4	Gender: (Male/Female/Transgender)							
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)							
6	(a) Email ID:							
	(b) Mobile No.:							
7	<b>Present employment details:</b> Date of joining in the current establishment (DD/MM/YYYY)		Please input your Date of Joining with JP Morgan					
8	<b>KYC Details:</b> (attach self attested copies of following KYCs) a) Bank Account No. : b) IFS Code of the branch: c) AADHAR Number d) Permanent Account Number (PAN), if available		Kindly provide Bank A/c no along with the IFSC code Provide your Aadhaar No. /Aadhaar Application ID No. alongwith date & time i.e. 1234/12345/12345 05/09/2012 23:11:59 Provide your PAN No.					
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952		Yes / No If you hold PF & EPS A/c by ticking 'Yes'. Note: If you have withdrawn your earlier PF and Pension and the account is closed than select 'No'					
10	Whether earlier a member of Employees' Pension Scheme, 1995		Yes / No					
11	<b>Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted</b>							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
	If your previous employer's PF was managed by RPFC							
	Mention your Previous employer's name & Address	Mention your UAN	Mention your previous PF no along with the establishment code	Mention your previous Date of Joining	Mention your date of leaving	If you were issued Scheme Certificate please mention the no, else keep it blank	If you were issued PPO no, please mention the no, else keep it blank	Keep it blank
12	<b>Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts</b>							
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
	If your previous employer's PF was managed by Trust							
	Mention your Previous employer's name & Address	Mention your UAN	Mention your previous Pension no along with the establishment code	Mention your previous Date of Joining	Mention your date of leaving	If you were issued Scheme Certificate please mention the no, else keep it blank	Keep it blank	
13	<b>a) International Worker:</b> Tick on Yes if you hold passport other than India Tick on No if you hold Indian passport		Yes / No					
	b) If yes, state country of origin (India/Name of other country)		Kindly mention the country of origin					
	c) Passport No.		Your passport no.					
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]		Mention your passport validity dates in "DDMMYYYY" format					

## NOMINATION UNDER THE COMPANY'S INSURANCE SCHEMES, FULL AND FINAL SALARY DUES & ANY OTHER DUES PAYABLE BY COMPANY

(Insurance schemes includes Medical Insurance, Accident Insurance, Life Insurance and Gratuity Linked Life Insurance policies)

I, \_\_\_\_\_ *Candidate Name* \_\_\_\_\_, do hereby assign the money payable under the Insurance schemes and any other dues, in the event of my death, to the below nominee/s:

Name & Address of nominee	Relationship	Percentage share
<i>Any number of nomination, Can nominate Parents/ Spouse/ children/siblings</i>	<i>Father/ Mother/ Son/ Daughter/Wife/ Husband/Siblings</i>	<i>Mention % for each Nominee (Division by 100)</i>
If the Nominee indicated above is a minor, (Minor's Date of Birth required) Guardian's name, relationship to the Nominee and full address to be given below:		
	Total	100%

**This nomination supersedes all my previous nominations.**

I further declare that his/her receipt shall be sufficient discharge to the Company.

SID:	
Name of Employee:	<i>Candidate Name</i>
Employee Signature:	<i>Signature of the candidate</i>
Legal Entity/Company Name:	J P Morgan Services India Private Limited
Witness Name:	<i>Witness name</i>
Witness Address:	<i>Witness Complete Address with pincode</i>
Witness Signature:	<i>Witness signature</i>

Date: *Date form filled*

Place:

Note:- Employees are requested to update & re-file the nomination in case of any change in family or if any of the above nominee/s is/are not alive.

*\*\* To be printed, filled and provided in TWO sets*

SID:

FORM 2 (REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

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

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

1. Name : Candidate First Name Candidate Father's/ Husband's Name Candidate's Last Name

( IN BLOCK NAME FATHER'S/ HUSBAND'S NAME SURNAME

LETTERS)

2. Date of Birth Candidate's DOB 3. Account No. Do not mention

4. Sex : Male / Female : M/F 5. Marital Status: Married/ Unmarried/ Widow/Widower *Tick as appropriate*

6. Permanent Address: Candidate's Permanent address if any

7. Temporary Address : Candidate's Temporary address if any

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 & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth	Total amount or Share of accumulations in P.F. to be paid to each nominee	If the nominee is minor, name relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5
<i>Any number of Nomination</i>  <i>Can nominate Parents/Spouse/ Children/siblings</i>	<i>Father/Mother/Son /Daughter/Siblings</i>	<i>DOB</i>	<i>% to be mention on Division by 100</i>	<i>Guardian details if nominee is minor (less than 18)</i>

1. 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 cancel.

2. Certified that my father/ mother is/are dependent upon me.

\* Strike out which is not applicable.

*Signature of the candidate*

DOJ:

Signature or thumb impression of the subscriber

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.

Sr. No.	Name and Address of the Family member	Date of Birth	Relationship with member
	<i>Spouse Name/ Child Name</i>	<i>DOB</i>	<i>Husband/ Wife/ Son/ Daughter</i>
	<i>Any number of nomination (for married candidates)</i>		

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

I hereby nominate the following person for receiving the monthly widow pension [ admissable under para 16 (2) (a) & (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
(1)	(2)	(3)	(4)
	<i>Parents Name/ Brother/ Sister</i> <i>(For unmarried candidate)</i> <i>Any number of nomination</i>	<i>DOB</i>	<i>Father/ Mother/ Brother/ Sister</i>

Date : *Date form filled*

.. Strike out which is not applicable

*Signature of the candidate*

X 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 / 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.

Place : Mumbai

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Employer or Authorised Office)

(Name and address of the establishment or rubber stamp thereof)

**FORM 'F'**  
**GRATUITY FUND FORM OF NOMINATION**

1. Name : \_\_\_\_\_ *Candidate Name* \_\_\_\_\_  
(IN BLOCK LETTERS) NAME FATHER'S/ HUSBAND'S NAME SURNAME
2. Sex: Male / Female: \_\_\_\_\_ 3. Employee No. \_\_\_\_\_
4. Religion: \_\_\_\_\_ 5. Marital Status: Married/ Unmarried/ Widow/Widower
6. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ yrs.
7. Permanent Address: \_\_\_\_\_

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount of Gratuity in the event of my death before that amount becomes payable, or having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

Name & Address of the Nominee (s)	Nominee's relationship with the Employee	Age of Nominee	Amount of Share of Gratuity to be paid to each nominee.
1	2	3	4
<i>Max. number of nominations can be 4. Can nominate Parent/ Spouse/ Children/siblings</i>	<i>Parents/ Spouse / Son/ Daughter/siblings</i>	<i>Age in years</i>	<i>% to be mentioned on Division by 100</i>

1. \* Certified that I have no family and should I acquire a family hereafter, the above nominations should be deemed as cancelled.

2. \* Certified that my father/ mother /sister(s) / minor brother(s) is / are dependent upon me.

\* **Strike out which is not applicable.**

Dated this   *Date form filled*   day of    200   at   

Two Witnesses to Signature:

1.   *1st Witness Signature*  

2.   *2nd Witness Signature*  

X Signature of Employee

P.T.O.

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed by Shri / Smt / Miss \_\_\_\_\_ employed in my establishment after he / she has read the entries/ or the entries have been read over to him/ her by me and got confirmed by him/ her.

Place : \_\_ *Place where based at present* \_\_\_\_\_

Date : \_\_\_\_ *Date form filled* \_\_\_\_\_

For

TRUSTEE

**ACKNOWLEDGMENT BY THE EMPLOYEE**

Received the duplicate copy of Nomination Form filed by me and duly certified by the Employer.

Place : \_\_ *Place where based at present* \_\_\_\_\_

Date : \_\_ *Date form filled* \_\_\_\_\_

*Signature of the candidate*

**X Signature of Employee**