

FORM 'F'
GRATUITY FUND FORM OF NOMINATION

1. 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 (in %) of Gratuity to be paid to each nominee.
1	2	3	4

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 _____ day of _____ 200_____ at _____

Two Witnesses to Signature:

1. _____

2. _____

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 : _____

Date : _____

For

TRUSTEE

ACKNOWLEDGMENT BY THE EMPLOYEE

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

Place : _____

Date : _____

X Signature of Employee