

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED /EXEMPTED ESTABLISHMENTS Declaration and Nomination Form under the Employee's Provident Funds and Employee's pension Scheme

(Paragraphs 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employee's Pension scheme, 1995)

1. Name (in Block letters) :
2. Father 's/Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Address : Permanent :
- Temporary :
8. Date of Joining :

PART – A (EPF)

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

Name of nominee / nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in provident Fund 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	6

1. *Certified that I have no family as defined in para 2(g) of the **Employee's 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.

Signature or thumb impression of the subscriber

- Strike out whichever is not applicable.

Part B (EPS) (Para 19)

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 & Address of The family member		Date of Birth	Relationship with member
	Name	Address		

1	2	3	4	5
1				
2.				
3.				
4.				
5.				
6.				

**Certified that I have no family as defined in para2 (vii) of Employee's 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) 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

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

Place:

Signature of the employer or other of
Authorised office of the Establishment

Designation.....

Date:

Name &Address of the factory /
Establishment or rubber stamp thereof