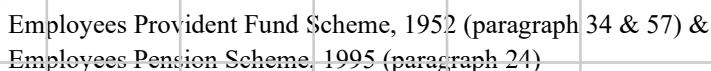


(To be retained by the employer for future reference)



Company:				
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700

400

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- 2100

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Declaration and Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme (Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

- ## 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:

*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 cancelled.

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

*Strike out whichever is not applicable

Signature / Thumb impression of the Subscriber

50	100	150	200	250	300	350	400	450	500	550		
800										800		
750	PART – B (EPS) Para 18										750	
	I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Widower/ Children Pension in the event of my death.											
700	Sl. No.	Name of the Family Member			Address		Date of Birth		Relationship with the member		700	
	1	2			3		4		5			
650											650	
600											600	
550	*Certified that I have no family as defined in para 2 (vii) of the Employees’ Pension Scheme, 1995 and should I acquire a family hereafter shall furnish particulars thereon in the above form.										550	
500	*I hereby nominate the following person for receiving the monthly widow pension admissible under para 16.2 (g) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.										500	
450	Name & Address of the Nominee				Date of Birth			Relationship with the member			450	
400											400	
350	Date:				Signature / Thumb impression of the Subscriber							350
	Place:											
300	<u>CERTIFICATE BY EMPLOYER</u>										300	
250	Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt/Kum employed in the establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.										250	
200	Date:				Signature of the Employer or other Authorized officer of the Establishment							200
150											150	
100	Name & address of the Establishment										100	
50											50	
0	50	100	150	200	250	300	350	400	450	500	550	0