

Employee ID with Volvo:

FORM 2 (Revised)

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS**

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

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' 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. Date of Joining :
8. Address : Permanent :
Temporary :

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 of nominee/ nominees	Address	Nominee's relation- ship with the member	Date of Birth	Total amount of share of Accumulations in Provi- dent Fund to be paid to each nominee	If the nominee is a 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 Employees' 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 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.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1				
2				
3				
4				
5				
6				

** Certified that I have no family, as defined in para 2(vii) of Employees' 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
1.		
2.		
3.		
4.		

Date :

**Signature or thumb impression
of the subscriber**

Place :

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. _____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

**Signature of the employer or other
Authorized Officers of the Establishment.**

Designation

Dated the : _____

**Name & Address of the Factory/
Establishment or Rubber Stamp Thereon**