



Employee No _____

NOMINATION AND DECLARATION FORM

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

(Paragraphs 33 & 61 (1) of the Employees' Provident Funds 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. (PF/EPS Number)		
7	Address (Residential)	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 and Address of the nominee/ nominees	Nominee's relationship with the member	Date of Birth of the Nominee	Total amount or share of accumulations in Provident Fund to be paid to each nominee (%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)

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- 1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds 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.
(Strike out whichever is not applicable).

Signature or thumb impression of the subscriber

Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

Part B (EPS)

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.

Sl.No.	Name and address of the family members	Date of Birth of the nominee	Relationship with the member
(1)	(2)	(3)	(4)
1			
2			
3			
4			

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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 persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees' Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension.

Name and Address of the Nominee	Date of Birth of the nominee	Relationship with the member
(1)	(2)	(3)
ONLY SPOUSE DETAILS		

Date _____

.....
Signature or thumb impression
of the subscriber

****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./Kumari _____ 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: _____

Date : _____

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Signature of the Employer or other authorised
Officer of the establishment

Designation.....
Name and address of the Factory/Establishment
or rubber stamp thereof