

FORM 1
NOMINATION AND DECLARATION FORM
[See Rule 3]
Payment of Wages Act

1. Name of the person making nominations (in block letters)

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2. Father's/Husband's Name.....

3. Date of Birth

4. Sex.....

5. Address Permanent.....

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6. Address Temporary

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I hereby nominate the person (S)/Cancel the nomination made by me previously and nominate the person(S) mentioned below to receive any amount due to me from the employer, in the event of my death.

Name of the 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 & 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 and should acquire a family hereafter, the above nomination shall be deemed as cancelled.

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

3. *Strike out whichever is not applicable.

**Signature or thumb impression
of the Employed person**