FORM – 2 (Revised)

# NOMINATION AND DECLARATION FORM

## For Unexempted / Exempted Establishments

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

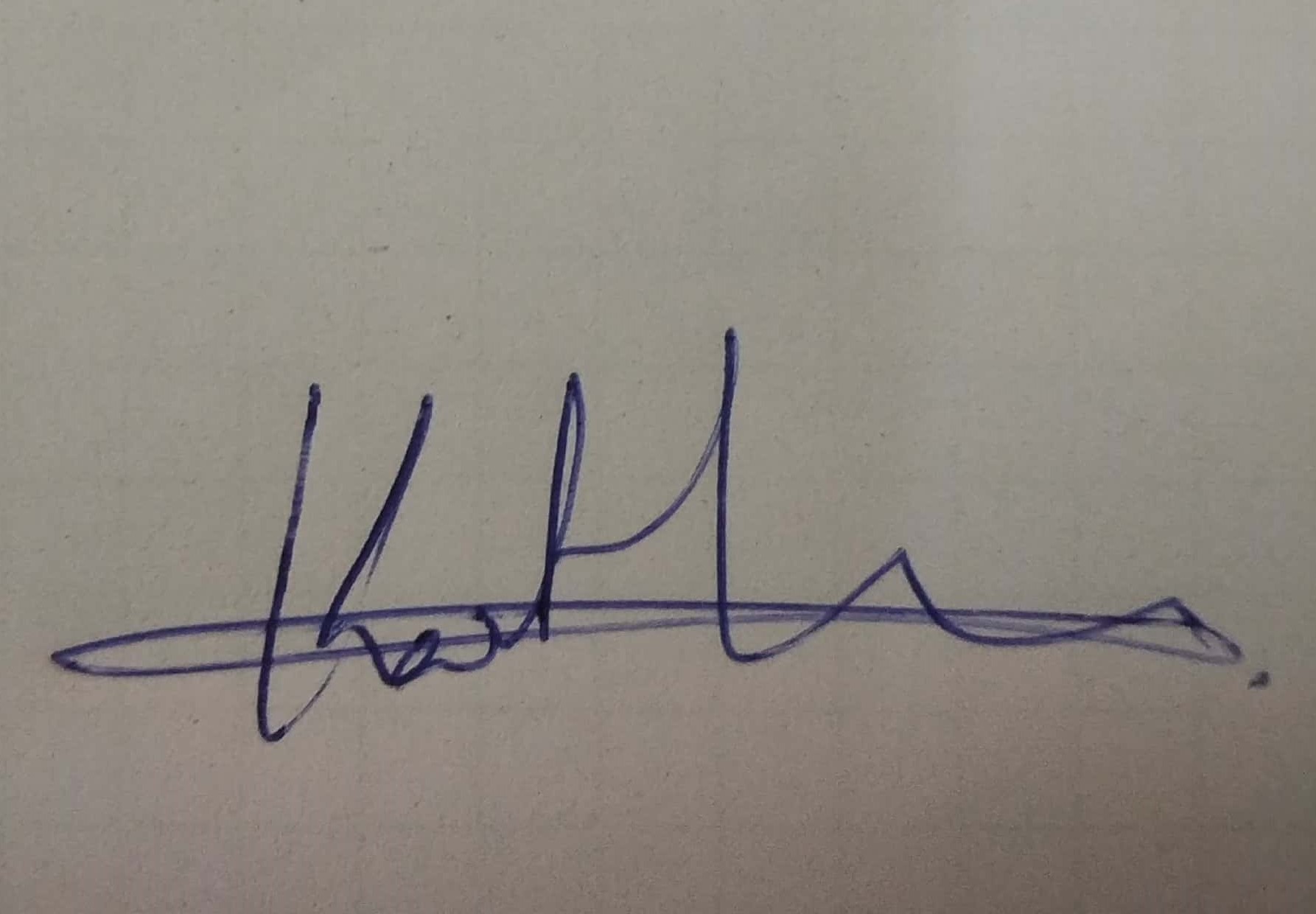
& Paragraph 18 of the Employees’ Pension Scheme, 1995)

|  |  |  |
| --- | --- | --- |
| 1. | Name (in block letters) : | KARTHIKEYAN DHAKSHANAMOORTHY |
| 2. | Father’s/Husband’s name : | DHAKSHANAMOORTHY |
| 3. | Date of Birth : | 31/08/1994 |
| 4. | Sex : | MALE |
| 5. | Marital Status : | UNMARRIED |
| 6. | PF Account No. : |  |
| 7. | Date of Joining in E.P.F ‘52’ | **02/05/2022** |
| 8. | Date of Joining in F.P.F/E.P.S ’95 : | 02/05/2022 |
| 9. | Address : Permanent : | 1/8 ESHWARAN KOIL ST NATHAM  TIRUPATTUR  635654 |
|  | Temporary : | 124, II nd FLOOR ZAM ZAM APARTMENT  CHROMPET CHENNAI 600044 |

**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 the Nominee | ADDRESS | Nominee’s relationship with the Member | Date of Birth | Total amount or share of accumulation in Provident 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 |
| SAKKUBAI | 1/8 ESHWARAN KOIL ST,NATHAM  TIRUPATTUR ,635654 | MOTHER | 08/02/1969 | 100% |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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. 

\* Strike out whichever is not applicable Signature or Thumb Impression of the Subscriber P.T.O

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Name and Address of the Family Member | | Date of Birth | Relationship with Member |
| Name | Address |
| 1 | 2 | 3 | 4 | 5 |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

\* 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)(g)(i) & (ii)] in the event of my Death without leaving any eligible Family Member for receiving Pension.

|  |  |  |
| --- | --- | --- |
| Name & Address of the nominee | Date of Birth | Relationship with the member |
| NA |  |  |

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 / 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 : BANGALORE

|  |
| --- |
| Signature of the Employer or other Authorised Officers of the Establishment Designation |

Date :

Name & Address of the

Factory / Establishment Rubber stamp thereof.

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