# FORM - 2 ( Revised)

NOMINATION AND DECLARATION FORM

FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

Declaration and Nomination Form Under the Employee's Provident Funds & Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees's Pension Scheme, 1995)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 Name ( In Block Letters) | | | | | | |
| 1. Date of Birth 2. Sex 3. Marital Status |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| 6 Account Number -UAN | |  |  |  |  |  |
| Permanent | |  | | | | |
| Temporary  8 Date of Joining  EPF  EPS |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | | |

PART - A (EPF)

I here by nominate the person(s) / cancel the nomination made by me previously and person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Address of the Nominee/ Nominees | Nominee's relationship with the member | Date of Birth | Total amount of share of accumalation in provident  fund to be paid to each nominee | if the nominee is minor name &  address & relationship of the guardian who may recive the amount |
| 1 | 2 | 3 | 4 | 5 |
| Any one member allowed |  |  |  |  |

1. Certified that I have no family as defined in para 2 (g) of the Employee's 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 depended upon me.
3. Unmarried members in the absence of dependent parents may nominate any other person to receive the shares

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

Signature or thumb impression of the Subscriber

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Name of the Family Members | Address | Date of Birth | Relationship |
| 1 | NA | NA | NA | NA |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

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 with out leaving any eligible family member for receiving pension.

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

Date :

x

Signature / Thumb impression of the subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before shri/Smt/Kum

....................................... employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

\_

Place:

Date :

*Signature of the employer*

*Name & Address of the Establishment*