



Associate ID: _____

EMPLOYEES' PROVIDENT FUND ORGANISATIONForm No. **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 of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name (in block letters): 6. Account No. KN/ /
2. Father's/Husband's (in case of married women) name: 7. Permanent Address:
3. Date of Birth:
4. Sex: ... Male ☐ Female ☐ 8. Temporary Address:
5. Marital Status.....

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 & Address of the Nominee/s	Nominee's relationship with the member	Date of Birth	Total amount of 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

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**FOR OFFICE USE ONLY**

Date of joining E.P.F / /
Past Service _____ year
Date of joining EPS / /

ENTRIES VERIFIED

D.A S.S. A.A.O



PART – B (EPS) Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow / Widower / Children Pension in the event of my death :

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

**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 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 and Address of the Nominee	Date of Birth	Relationship with member

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/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.

Date:

Signature of the Employer/ Authorised Officers of the establishment
Designation

Name and Address of the Factory/Establishment or Rubber stamp thereof