

SCHEDULE
FORM OF NOMINATION
[See Sub-rule (1) of Rule 6]

I, (Name).....hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the fund in the event of my death before that amount has become payable or having become payable, has not been paid.

Name and full permanent address of nominee(s)	Relationship with subscriber	Age	Share payable to each	Contingencies on the happening of which the nomination shall become invalid	Name, address, relationship and age of the person to whom the right of the nominee shall pass in the event of his predeceasing the subscriber	Name and address of the person to whom share is to be paid on behalf of minor
1	2	3	4	5	6	7

Place:

Date :

Name and address

Signature

Witness:

1.

2.

Signature of Subscriber Name and Designation.....

Countersignature by Head of Office