NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees
Pension Scheme 1995)

| 1. | TTERS) : | | | | N | |
|--|--|---|------------------|---|--|--|
| e (IIV BLOCK LET | | Name | Father's | Husband's Name | Surname | |
| 2. | Date | Date of Birth : | | . Account No | | |
| . *Sex : MALE/FEMALE:5. Marital Status | | | | | | |
| 6. Address Permanen | t / Temporary : | | | | | |
| | | | | | | |
| | | PART-A (EPF) | | | | |
| | e person(s)/cancel the non standing to my credit in | | | nominate the person(s) mention e event of my death. | ed below | |
| Name of the Nominee (s) | Address | Nominee's relationship with the member | Date of Birth | Total amount or share of accumulations in Provident Funds to be paid to each nominee | If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee | |

| | | member | | paid to each nominee | minority of the norminee |
|---|---|--------|---|----------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
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- *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.
- $2 \\ \qquad \text{* Certified that my father/mother is/are dependent upon me.} \\$

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART-(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 premature death in service.

| Sr. No | Name & Address of the Family Member | Age | Relationship with the member |
|--------|-------------------------------------|-----|------------------------------|
| (1) | (2) | (3) | (4) |
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Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16.2 (a) (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 |
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| | | |
| Date | | |
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| | | |
| | | Signature or thumb impression of the subscriber |
| | | of the Subscriber |
| CERTIFIC | ATE BY EMPLOYER | |
| | | |
| Certified that the above declaration and nomination has been s | | |
| Miss | employe | d in my establishment after he/she |
| has read the entries / the entries have been read over to him/he | r by me and got confirmed by hi | m/her. |
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| | | |
| Date : | | |
| Date : | Signature o establishm | f the employer or other authorised officer of the |
| Date : | Signature o establishm | f the employer or other authorised officer of the ent |
| Date : | Signature o establishm | f the employer or other authorised officer of the ent |
| Date : | Signature o establishmo | f the employer or other authorised officer of the ent |
| | establishm | of the employer or other authorised officer of the ent |
| Date: Name & address of the Factory /Establishment | Signature o establishm Place : Date : | of the employer or other authorised officer of the cent |