

MH / 91327

GR - 66

Date of Appointment : \_\_\_\_\_

(P.F. Deduction date) : \_\_\_\_\_

FORM 2 (REVISED)

# **NOMINATION & DECLARATION FORM** **FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Group No. : \_\_\_\_\_

Office : \_\_\_\_\_

Declaration and Nomination Form under the Employees' Provident Funds  
 and Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and  
 Para 18 of the Employees' Pension Scheme, 1995)

1. NAME (in block letters) : \_\_\_\_\_
2. FATHER'S / HUSBAND'S NAME : \_\_\_\_\_
3. DATE OF BIRTH : \_\_\_\_\_ 4. SEX : \_\_\_\_\_  
 (Male / Female)
5. MARITAL STATUS : \_\_\_\_\_  
 (married / unmarried / widow / widower)
6. P. F. ACCOUNT NO. : **MH/91327**
7. ADDRESS : \_\_\_\_\_

## **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 amt. or share of accumulation in PF to be paid to each nominee	If the nominee is minor, name & relationship & add. of the guardian who may receive the amount during minority of nominee
(1)	(2)	(3)	(4)	(5)

1. i 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 thereafter the above nomination should be deemed cancelled.
2. i Certified that my father / mother is / are dependent upon me.

(i) strike out whichever is not applicable

X

SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER

## 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.


Sr. No.	Name & Address of the family member / s	Date of Birth	Relationship with Member
(1)	(2)	(3)	(4)

i i Certified that I have no family, as defined in para 2 (vii) of the Employees' 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 family pension (admissible under para 16 (2) (i) and (ii) in the event of my death without leaving any eligible family member / s for receiving pension.

Name & Address of the Nominee	Address	Date of Birth	Relationship with Member
(1)	(2)	(3)	(4)

Date : \_\_\_\_\_

X 

SIGNATURE OR THUMB IMPRESSION OF THE SUBSCRIBER

(i) strike out whichever is not applicable

## CERTIFICATE BY EMPLOYER

CERTIFIED that the above declaration and nomination has been signed / thumb impressed before me by : Shri / Smt. / Kum. \_\_\_\_\_

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

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Employer's OR other Authorised Officer's of the Establishment  
signature with designation

(name and address of the factory / estt. or rubber stamp thereof)