**Payment of Wages (Nomination) Rules, 2009**

**FORM – I**

Nomination and Declaration Form

(See Rule 3)

1. Name of Person making nomination [Candidate Name]

(in block letters)

2. Father’s/Husband’s name [FatherName]

3. Date of Birth [Date of Birth]

4. Sex [Gender]

5. Marital Status [Marital Status]

6. Address

Permanent [Address]

Temporary [Address]

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Nominee/  nominees | Address | Nominee’s relationship with the member | Date of Birth | Total amount of share of accumulations in credit to be paid to each nominee | If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
| [Candidate Name] | [FatherName] | [DOB] | [Gender] | [Marital Status] | [Address] |

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.

2. \*Certified that my father/mother is/are dependent on me.

3. \*Strike out whichever is not applicable.

Signature or thumb impression

of the employed person

CERTIFIED BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri./Smt./Kum [FullName] 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.

Signature of the employer or other authorised

Officer of the establishment and

[Supervisor Designation]

Place:

Date: [Date, Month, Year]

Name and Address of the Factory/

Establishment and rubber stamp thereof