FORM - I

NOMINATION AND DECLARATION FORM

(See rule - 3)

- 1. Name of the person making nomination (in block letters)
- 2. Father's/Husband's name
- 3. Date of Birth
- 4. Sex
- 5. Marital Status
- 6. Address
 - a. Permanent
 - b. Temporary

I hereby nominated 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 to my death.

Name of the 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 minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee.
(1)	(2)	(3)	(4)	(5)	(6)

- 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 upon me.
- 3. *Strike out whichever is not applicable.

Signature or the thumb Impression of the employed person.

CERTIFICATE BY EMPLOYER

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