



(For Unexempted /Exempted Establishments)

NOMINATION AND DECLARATION FORM

(Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Scheme)

(Paragraphs 33 & 61 (1) of the Employees Provident Funds Scheme, 1952 and paragraph 18 of the Employees Pension Scheme, 1995)

1	Name (in Block Letters)	:	SHUBHAM PRASAD
2	Fathers/Husbands Name	:	Kanhaiya Prasad
3	Date of birth	:	15-Jul-1998
4	Sex	:	Male
5	Marital Status	:	Unmarried
6	Account No.(PF/EPS Number)	:	50811291
7	Address (Residential)	:	<div style="display: flex; justify-content: space-between;"> Permanent 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Temporary 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033 </div>

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 and Address of the nominee/ nominees	Nominees relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee(%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
Kanhaiya Prasad 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033	Father	27-Dec-1974	100%	

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- 1** * Certified that I have no family as defined in para 2(g) of the Employees Provident Funds Scheme, 1952, and should I acquire a family hereafter, the above nomination should be deemed as cancelled.
 - 2** * Certified that my father/mother is/are dependent upon me.
(Strike out whichever is not applicable)

Signature or thumb impression of the subscriber

Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

- # If Married > Spouse, Children (married or unmarried), his/her dependent parents, deceased sons widow and children.If unmarried then Parents, Brother, Sister or any other person(s).
If unmarried then Parents, Brother, Sister or any other person(s).

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.

Sl.No.	Name and address of the family members	Date of Birth	Relationship with the member
1			

** Certified that I have no family, as defined in para 2(vii) of Employees Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees Pension Scheme, 1995 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 the member
Kanhaiya Prasad 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033	27-Dec-1974	Father

Dated the : 19-Sep-2024

Signature or thumb impression of the subscriber

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

Place : HYDERABAD

Dated the : 19-Sep-2024

Signature of the Employer or other authorised
Officer of the establishment
Designation : Authorised Signatory
Deloitte
HYDERABAD

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).

\$\$ - Applicable to both Married and unmarried

- (1) Married ----- To any person(s) other than spouse and children.
- (2) Unmarried ----- To Parents, Brother, Sister or any other person(s).

APPENDIX for Gratuity Nomination Form

The Trustees of **DELOITTE** Employees Gratuity Scheme.

Dears Sirs,

I Shubham Prasad a member of the Employees Gratuity Scheme hereby agree to abide by the Rules of the said Scheme and do also hereby appoint in terms of Rules 17 of the Rules, the Nominee/s mentioned hereunder to receive the benefits, payable under the Scheme, in the event of my death before that amount becomes payable and having become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me, shall be paid to the said Nominee/s in proportion indicated against their respective names as given below:

Name and Address of nominee or nominees	Nominees relationship with the employee	Age of Nominee	Amount or share of accumulations to be paid to each nominee
Kanhaiya Prasad 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033	Father	49	100

I hereby certify that the person(s), mentioned herein above is/are my wife/children/lawfully adopted child/dependent parents/husband.

1. I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed as cancelled.
2. My father/mother/parents/sister(s)/minor brother(s) is/are/are/not dependent on me.
3. My husband's father / mother / parents is /are / not dependent on me.
(Strike out whichever is not applicable)

I also declare that this appointment of Nominee/s made herein shall have the effect of my revoking the appointment of Nominee/s made by me earlier.

I GIVE BELOW THE PARTICULARS ABOUT MYSELF:

1. Full Name : Shubham Prasad
2. Sex : Male
3. Father's Name : Kanhaiya Prasad
4. Husband's Name :
(For married women only)
5. Marital Status : Unmarried
6. Date of Birth : 15-Jul-1998
7. Permanent Address : 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033

Signed at this . Day of 2024

Signature of Member (Employee).

TWO WITNESSES TO THE SIGNATURE:

	Name	Address	Signature
1.			
2.			

NOTE:

- 1 Where an Employee/Member has a family at the time of appointing a Nominee the Nomination should be made in favor of members of his family only. Any nomination made by such employee in favor of any other persons not belonging to his family shall be invalid.
- 2 An appointment of Nominee made by the Member may be changed at any time, after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee) the interest of the Nominee shall revert to the Member (Employee) or his estate.
- 3 The appointment of Nominee on any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
- 4 For the purpose of this Rule family means the employee's spouse, legitimate children/step children deceased son's widow, deceased son's legitimate children / Step children, dependent parents/ sisters/ minor brothers and the dependent parents of the employees spouse.

Insurance and Other Benefits Nomination Form

(Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

PART A- Employee Details

Sl.No	Details	
1	Name	Shubham Prasad
2	Fathers Name/Husbands Name	Kanhaiya Prasad
3	Designation	Adm NonEx
4	Companys Name	Deloitte
5	Date of Joining	02-Sep-2024
6	Date of Birth	15-Jul-1998
7	Sex	Male
8	Marital Status	Unmarried
9	Address	14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033

PART B Nominee Details*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the companys policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominees relationship with member	Date of Birth	% Allocation
Kanhaiya Prasad 14/A Deshpran Sasmal Road, Tollygunge, Kolkata, West Bengal - 700033	Father	27-Dec-1974	100

* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled

Date :19-Sep-2024

Place :HYDERABAD

Signature of the Employee