

FORM - 2 (Revised)
NOMINATION AND DECLARATION FORM
 FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

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

1	Name (In Block Letters)	:	
2	Father's / Spouse`s Name	:	
3	Date of Birth	:	
4	Sex	:	
5	Marital Status	:	
6	Account Number	:	
7	Address	:	
	Permanent	:	
	Temporary	:	
8	Date of Joining	:	

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 of the Nominee(s)	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	if the nominee is minor name & address & relationship of the guardian who may receive the amount
1	2	3	4	5	6

1. *Certified that I have no family as defined in para 2 (g) of the Employee's Provident Fund 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 depended upon me.

*Strike out whichever is not applicable

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 premature death in service.

S.No	Name of the Family Members	Address	Age	Relationship
1				
2				
3				

"Certified that I have no family as defined in para 2 (vii) of the Employee'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 & Address of the Nominee	Date of Birth	Relationship with the member

Date:

Signature / Thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Miss 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.

Date:

Signature of the employer or other authorized officer of the establishment

Place:

Name & Address of the Factory/ Establishment