## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

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

1. Name (IN BLOCK LETTERS) :		ame	Surname		
2. Date of Birth:		3. Account No			
4. *Sex : MALE/FEMALE:		5. Marital Status			
6. Address Permanen	t / Temporary:				
		PA	RT – A (EPF)	•	
		he nomination made l	oy me previou	sly and nominate the person(s ad, in the event of my death.	s) mentioned below
Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
acquire a	family hereafter the	mily as defined in pa above nomination sh ther is/are dependent	ould be deem		d Scheme 1952 and should I
Strike out whichever is not applicable			Signature/or thumb impression of the subscriber		
I hereby furnish beloevent of my prematur			ART – (EPS) Para 18 mily who wo	uld be eligible to receive Wi	dow/Children Pension in the

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)

Certified that I have no family as defined in para 2 (vii) of the Employees'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 and Address of the nominee	Date of Birth	Relationship with member				
ule noninice						
Date						
		Signature or 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	ne employer or other authorised officer of the				
	establishment					
	Place :					
Name & address of the Factory /Establishment	Date :					