

Date of Appointment: _____
(P.F. Deduction date): _____

FORM 2 (REVISED)

**NOMINATION & DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds
and Employees' Pension Scheme

Group No. :
Office :

(Paragraph 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and
Para 18 of the Employees' Pension Scheme, 1995)

1. NAME (in block letters): _____
2. FATHER'S / HUSBAND'S NAME : _____
3. DATE OF BIRTH : _____ 4. SEX : _____
(Male / Female)
4. MARITAL STATUS: _____
(married / unmarried / widow / widower)
5. P.F.ACCOUNT NO.: _____
6. ADDRESS: _____

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 & Address of the Nominee (s)	Nominee's Relationship with the member	Date of Birth	Total amt.or share of accumulation in PF to be paid to each nominee	If the nominee is minor, name & relationship & add. of the Guardian who May receive the amount during minority of nominee.
(1)	(2)	(3)	(4)	(5)

1. * Certificate that I have no family as defined in para 2 (g) of the Employees' Provident Funds Scheme, 1952 and should I acquire a family thereafter 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

X

SIGNATURE OR THUMB IMPRESSION OF THE
SUBSCRIBER