

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/UNEXEMPTED ESTABLISHMENTS**

Declaration and Nomination form under the Employees Provident Funds and Employees Pension Scheme

Paragraph 33 and 61 G1(1)of the Employees Provident Fund Scheme,1952 Paragraph 18 of the Employees Pension Scheme, 1995)

- | | |
|-----------------------------|---------------|
| 1. Name (In Block Letters) | 6.Account No. |
| 2. Father`s /Husband`s Name | 7.Address |
| 3.Date Of Birth | Permanent |
| 4.Sex | Temporary |
| 5.Martial Status | |

PART-A (EPF)

I here by nominated 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/nominees	Address	Nominee`s 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 relationship address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6

1.Certify that I have no family as defined in para 2(g) of the Employees 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 dependent on me.

.Strike out whichever is not applicable

Signature or thumb
Impression of the subscriber

PART-B(EPS)

Here by 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 Address of the family member Name	Address	Date of Birth	Relationship with the member
1	2	3	4	5

Certified that I have no family as defined in para 2(vii) of Employees Pension Scheme.1995 and should I acquire a family here after 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)(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 member

Date
Strike out whichever is not applicable

Signature or thumb impression of the Subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impression before me by shri/smt/kum.....employed in my establishment after he/she has read the entries /entries have been read over to him / her by me and got confirmed by him/her.

Place

Date the

Signature of the employer or Other
Authorized Officers of the establishment

Designation

Name Address of the Factory Establishment

Or Rubber Stamp thereof