

NOMINATION FORM AND DECLARATION FORM

See Rule 14

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme

1. Name (in Block Letters) :
2. Father's / Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. P.F. Account No. :
7. Address:
- Permanent :
- Temporary :

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/nominees	Address	Nominee's relationship with the member	Date of birth	Total amt. of share of accumulation 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 the nominee.
1.	2.	3.	4.	5.	6.

1. Certified that I have no family as defined in rule 4 (15) of the Tribune Trust Employees Provident Fund Trust rules 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.

Dated

Signature or thumb impression
of the subscriber

PART – B (EPS)
(Para 18 of EPS, 1995)

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.

Sr. No.	Name of the family member	Address	Date of Birth	Relationship with member
1	2	3	4	5
1.				
2.				
3.				

** Certified that I have no family, as defined in para 2 (ii) 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 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 the receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

Dated

Signature or thumb impression of the subscriber

* Strike out whichever is not applicable

CERTIFIED BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum.....employed in my establishment after he/she has read the entries/entries has been read over to him/her by me and got confirmed by him/her.

Place:

Signature of the employer or other authorized
officers of the establishment

Date

Designation:
Name & Address of the Factory/Establishment
Or Rubber Stamp thereof.