Form 2 (Revised)

Form – 2 NOMINATION AND DECLARATION FORM FOR UN-EXEMPTED ESTABLISHMENT

Nomination and Declaration Form under the Employees' Provident Fund & Pension Scheme (Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952, and Paragraph 13 of the Employees' Pension Scheme, 1995)

1	Name	/in	hlock	lottore)	١	
1.	Hallie	(III	DIOCK	ICILCI S	,	

2. Father's / Husband's Name :

3. Date of Birth

4. Sex : Male / Female

5. Marital Status : Married / Unmarried

6. Account Number : KN / BN /45952/

7. Address :

8.

PART A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and 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	Age of nominee(s)	Total amount share of accumulation in PF to be paid to each nominee	If the nominee is a minor, name & address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

- a. Certified that I have no family as defined in Paragraph 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter, the above nomination should be deemed cancelled
- b. Certified that my father / mother is / are dependent upon me (Strike out whichever is not applicable)

Signature of the Employee

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9.	PART B (EPS)						
		ars of members of my family who vent of my premature death while i		ole to receive Widow/Children			
SI		of the family members	Age	Relationship with			
No	Name	Address	7	member			
1							
2							
3							
4							
		efined in Paragraph 2(vii) of the En I shall furnish the particulars ther					
		person for receiving the monthly th without leaving any eligible fam					
Nam	e & address of the nominee	Date of birth	Relati	onship with member			
(Strike	out whichever is not applica	ible)					
Date :		Signature of the E	mployee:				
11. Certific		CERTIFICATE BY EMPLOYER a and nomination has been signed employed in the e		Shri / Smt after he / she has read the			
entries	and got confirmed by him /			and he rone had road the			
Place:	BANGALORE						

Date:

Authorised Signatory