## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

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

| Name (IN BLOCK LETTERS). AKS HAY SUBHASH Name Father's / Husband's Name Sorname   |
|---|
| Date of Birth: 25/10/1991. 1. Account No  |
| PUTLIN NAIRCE TO THE PROPERTY OF THE PROPERTY |

## PART - A (EPF)

Thereby 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<br>Nominee (s) | Address    | Nominee's<br>relationship with<br>the member | Date of<br>Birth | Total amount or share of accumulations in Provident Funds to be paid to each nominee | If the nominee is minor<br>name and address of the<br>guardian who may receive<br>the amount during the<br>minority of the nominee |
|----------------------------|------------|--|------------------|--|--|
| 1                          | 2          | 3  | 4                | 5  | 6  |
| GEETHS.                    | OLD SHUKAA | MOTHER                                       | 999              | 100%   |  |
| KANOS                      | WARZ       | ,,,  | 16/02/           |  |  |
|                            | GANDHI     |  | 1967             |  |  |
|                            | PVTLA,     |  |                  |  |  |
|                            | NAGPUR     |  |                  |  |  |
|                            |            |  |                  |  |  |
|                            |            |  |                  |  |  |

\*Certified 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 th

\* Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART – (EPS) Para 18

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 premature death in service.

| 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: pare 2 (shi) of the Proplanters a Family Property Spheros 1895 and should I expairs a family beneated I shall furnish Particulars there as as the above furn.

I hereby nominate the following person for receiving the monthly widow persons (admissible under part 16.7 on 11.4 (2) in the event of my death without bearing very alignists because the receiving pressure.

| Name and Address of<br>the numines   | Date of their | Relationskip with member |
|--|---------------|--------------------------|
| 1) GEETA SUBHASH HAKOE 1298, OLD SHIKEAWARI, BEHIND GANDHIPUTLA WAY WBS PURA, NAGPUR MAHARASHTRA, 440016 | 16/02/1967    | MOTHER                   |

Date 30/07/2024

Name & address of the Factory /Establishment

Signature or thumb impression of the subscriber

## 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 employer or other authorised officer of the establishment

Place:

CERTIFICATE BY EMPLOYER