

Form is available free of cost



FORM -2 (REVISED)
A/C. Group No. _____

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

Declaration and Nomination Form under the employees' Provident Funds (EPF) and
Employees' Pension Scheme (EPS)

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

Name(In Block Letters):

Date Of Joining in EPF '52 :

Father's/Husband Name :

**Date Of Joining in E.P.F.
'71/E.P.S. '95**

Date Of Birth :

Permanent Address :

Sex :

Temporary Address :

Marital Status :

Account No. :

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 amount of 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. * 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 that my father / mother is/are dependent upon me.

Signature or Thumb impression of the subscriber

* Strike out whichever is not applicable

PART-B (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 death.

Sr. No	Name & Address of the Family Member		Date Of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				
2				
3				
4				
5				

1. ** Certified that I have no family as defined in Para 2(vii) of the 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 receiving pension.

Name and Address of the Nominee	Date Of Birth	Relationship with member

Date: _____ Signature or Thumb impression of the subscriber

** Strike out whichever is not applicable

CERTIFICATE BY EMPLOYER

Certified that the above declaration has been signed / thumb impressed 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: _____ Signature of the employer or other authorized Officers of the establishment

Dated: _____ Designation
Name & Address of Factory / Establishment and Rubber Stamp thereof.