

Hindusthan Charity Trust Provident Fund Institution

Form-2(Revised)

Declaration and Nomination Form under the Employees' Provident Fund Scheme
(Paragraphs 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952)

(To be filled in BLOCK LETTERS only)

1. Name :
2. Father's /Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Mobile No. (if any) :
8. Date of Joining Service :
9. Date of Joining Fund :
10. Address (Permanent) :

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 and address of the nominee/ nominees	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 and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

1. *Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and in our Rule 3(g) 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.

* 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-impressed before me by Shri/Smt./Km_____employed in my establishment after he/she has read the entries/have been read over to him/her by me and got confirmed by him/her.

Place_____

Dated the _____

Signature of the employer with seal