



**APPENDIX -2**

**NOMINATION FORM**

Name of the Member: .....

CID No: .....

Name of the Employer: .....

SL. No.	Name of nominee	Relationship	CID No.	Date of Birth	Present Address of the Nominee	Share of P.F. Payable
1.						
2.						
3.						
4.						
5.						

To be- filled up in case of minor nominee:-

Name of the Guardian:.....

Citizenship ID No:.....

Address:.....

Signature/Thumb Imprint:.....

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Signature of the employer with seal

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Signature of the member

**NOTE: Actual date of birth is required in case the nominee is minor.**