



APPENDIX-4

FORM OF CHANGE OF GUARDIAN IN RESPECT OF MINOR NOMINEE

I, Mr/Mrs/Miss _____ member of the Private Provident Fund Scheme, P.F A/c. No: _____ Dept. code No: _____ do hereby appoint Mr. /Mrs. /Miss _____ C.I.D.No. _____ aged _____ years, residing at _____ to be the person to whom money shall be paid in the event of my death in lieu of Mr./Mrs./Miss _____ who was appointed as guardian of my minor nominee, previously as mentioned in Appendix-2.

The Guardianship will automatically be cancelled as soon as nominee attains majority.

Dated _____ the _____ day of _____ 20_____

WITNESS

Signature: _____

Full Name: _____

Designation: _____

CID No: _____

Address: _____

(Signature of the member)

CID No: _____