

FORM OF NOMINATION

ACCOUNT NO. _____

I, _____ hereby nominate the persons mentioned below who is/are members/non-members of my family as defined in rule 2 of the General Provident Fund (Central Services) Rules, 1960, they receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee
1	2	3	4

Contingencies on the happening of which the nomination will become invalid

Name, address & relationship of the person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber

If the nominee is not a member of the family as provided in rule 2, indicate the reasons.

5	6	7
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Dated this _____ day of _____ at _____.

Two witnesses to signature
Name & Address Signature

- 1.
- 2.

SIGNATURE OF THE SUBSCRIBER
NAME IN BLOCK LETTERS

DESIGNATION _____