**Employees’ Pension Scheme 1995**

**FORM 2 (Revised)**

**Declaration and Nomination Form under the Employees’ Provident Funds and**

**Employees’ Pension Scheme**

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees’ Pension scheme, 1995)

1. Name (in Block letters) :

2. Father’s/Husband’s Name :

3. Date of Birth :

4. Sex :

5. Marital Status :

6. Account No. :

7. Address

Permanent :

Temporary :

8. Date of joining :

**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 ofnominee/nominees | Address | Nominee’s relation-ship with the member | Date ofBirth | Total amount of share ofAccumulations in Provi-dent Fund to be paid toeach nominee | If the nominee is a minor,name & relationship & addressof the guardian who mayreceive the amount duringthe 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name & Address of the family members | Address | Date of Birth | Relationship with the member |
| (1) | (2) | (3) | (4) | (5) |
|  |  |  |  |  |
|  |  |  |  |  |

\*\* Certified that I have no family, as defined in para 2(vii) of 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) and (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 the member |
|  |  |  |
|  |  |  |

Date :

**Signature or thumb impression of the subscriber**

\*\*Strike out whichever is not applicable.

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination 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**

**Authoried Officers of the Establishment.**

**Designation**

Dated the : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Address of the Factory/**

**Establishment or Rubber Stamp Thereon**