

The Provident Fund Form of Declaration (for Subscriber)

Name:

P.F. A/c/ No.

I HEREBY declare that in the event of my death the amount at my credit in the Provident Fund shall be distributed among the persons mentioned below in the manner shown against their names. The amount due to nominee, who is a minor at the time of my death, should be paid to the person whose name appears in column 5.

1 Name & address of the nominee or nominees	2 Relationship, if any, with the subscriber	3 Whether major or minor, If minor, state his age	4 Amount or Share of deposit	5 Name & address of the person to whom payment is to be made on behalf of the minor	6 After 1st time change of Nomination must be approved by Head of Deptt./Br.

Two witnesses to the signature of Subscriber

Witness No. I

Witness No. II

Signature:

Signature:

Name:

Name:

Designation:

Designation:

Deptt./Branch:

Deptt./Branch:

P.F. A/c No:

P.F. A/c No:

Date:

Date:

Signature of subscriber

Name:

Designation:

Deptt./Branch:

P.F. A/c No:

Date: