

THE EMPLOYEES' PROVIDENT FUND ACT No. 15 of 1958

Form H

NOMINATION

Employer's Number :
Member's Number :

I, presently employed being a member of the Employees' Provident Fund, do hereby nominate the person */s mentioned in Column I of the Schedule here to whose relationship to me is as shown in the corresponding entry in Column II of that Schedule, to receive, in the event of my death, the amount standing to my credit in my individual account in the Employees' Provident Fund, in the proportion specified in the corresponding entry in Column III of that schedule.

2. The provision of the Employees' Provident Fund Act, No. 15 of 1958 and the regulations made there under relating to nominations were read and understood by me*/ were read over and explained to me, and I do hereby set my hand, this day of in the presence of the witness whose signature in herein subscribed.

Thumb mark of Member

Left

Right

.....
Signature of Member

I,
Of do hereby declare that the provisions of the Employees' Provident Fund Act, No. 15 of 1958, and the regulations made there under relating to nominations were read over and explained to and he, purporting to understand same, set his signature and thumb marks in my presence on this of day

Name of Witness :

Description and Address of Witness :

.....
Signature of Witness

(* Delete whichever is inapplicable.)

SCHEDULE

Column I Name of Nominee	Column II Relationship	Column III Proportion