

FORM OF NOMINATION

When the subscriber has a family and wishes to nominate one member or more than one member, thereof.

I, No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ hereby nominate the person/personnel mentioned below who is/are member(s) of my family as defined in Rule-2 of Central Provident Fund(Central Services) Rules,1960 receive the amount that may stand to my credit in the fund, in the even of my death before that amount has become payable, or having become payable has not been paid:-

Name & Address of nominee/ nominees	Relation-ship with the subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name address relationship & age of the person or persons, if any to whom the right of the nominee shall pass in the event of his predeceasing subscriber.
1	2	3	4	5

Dated: \_\_\_\_\_ at (Unit Name)

**Witnesses to signature:-**

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of Government Servant

Countersignature