FIRST SCHEDULE See Rule – 8 (3)

FORM OF NOMINATION

person(s) mentioned below, who is General Provident Fund (West Be in the fund as indicated below, in	/are member(s)/non-memb ngal Service) Rules, to red the event of my death be	er(s) of my faceive the amo	unt that may stand to my credit
having become payable has not bee	en paid.		
Name & Full Address of the Nominee(s)	Relationship with the subscriber	Age of the nominee(s)	Share payable to each nominee
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.
Dated this day of, 2 Signature of two witnesses:-	-		
Name & address 1.	<u>Signature</u>		
2.			
	Signature of the Subscriber Name in Block Letters:		
Space for use by the Head of Office:		Jiiai g	gram Raj Conege, margram.
Nomination by			
Designation:			
Date of receipt of Nomination:			
		Signatura	of the Hand of Office

Signature of the Head of Office Designation :