

GUARDIAN (IF BENEFICIARIES ARE UNDER 18 YEARS OF AGE)

S/NO	Name	ID/No	Mobile No	Date of birth	Relationship

I understand that the Employer as trustee of benefits under the scheme has final discretion to decide who should receive benefits under the scheme, but I request the employer to act according to my nomination

SECTION C: MEMBER'S DECLARATION

I HEREBY declare that all statements and details completed above are true and that they shall form part of my application.

I understand that this nomination nullifies any previous nomination which I completed and submitted to the Service Headquarters or Trustees.

Date of Signing _____ Signature

Stamp & Signature of Employer(HR Officer)_____