

FORM NO. PF-2
(see rule 7)
Form of Nomination

Account No.....

I..... hereby nominate the person(s) mentioned below who is/are member(s)/non- member(s) of my family as defined in rule 7 of the Haryana General Provident Fund Rules to receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid:

Name and 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 shall become invalid	Name, address and relationship of the person(s), if any, to whom the right of nominee shall pass in the event of his predeceasing the subscriber	If the nominee is not a member of the family as provided in rule, indicate the reasons
1.	2.	3.	4.	5.	6.	7.

Place:

Dated this..... day of....., 20....

Signature of the subscriber
Name in Block Letters.....
Designation.....

Signature of two witnesses:

Name and address

Signature

1.

2.

Note:

- (1) The form of nomination shall be filled in triplicate. Two copies will be sent to Accountant General (A&E) Haryana, who will return one copy duly accepted and signed to the Head of Office for office record.
- (2) In column 4, if only one person is nominated, the words "in full" should be written against the nominee. If more than one person is nominated, the share payable to each nominee to cover the while amount of the Fund shall be specified.

For use by the Head of office

Nomination received from Sh./Ms.-----
Designation-----on dated----- for onward submission to the Accountant
General, Haryana

Dated.....

**(Signature)
Head of Office**

For use of Accountant General, Haryana

Nomination made by Sh./Ms..... Designation.....
O/o..... is hereby accepted and returned to.....
(Head of Office) for office record.

**(Signature)
ACCOUNTANT GENERAL,
HARYANA**