

MAHARASHTRA STATE ELECTRICITY BOARD C.P.F. TRUST, MUMBAI.

FORM No. 2 -Contributory Provident Fund (See Regulation No. 8) FORM OF NOMINATION - (For use by all subscribers who have no family)

I, \_\_\_\_\_ DSGN. \_\_\_\_\_ C. P. F. A/C. No. \_\_\_\_\_ hereby nominate the persons mentioned below, who are members of my family as defined in regulation of the Maharashtra State Electricity Board, Contributory Provident Fund Regulations to receive the amounts that may stand to my credit in the fund, in event of my death before that amount has become payable, or having become payable has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their names.

Full Name & Address	Relationship with subscriber	Age of Nominee	Percentage of Share	Contingencies on the happening of which the nomination shall become invalid the nominee more than one *	Full name, address and relationship of the person, if any, to whom the right of if the nominee are more than one ** shall pass in the event of his predeceasing the subscriber. **
1	2	3	4	5	6

\* NOTE :- WHEN THE MEMBER GETS MARRIED, THIS NOMINATION STANDS CANCELLED AND SUBSCRIBER NEEDS TO SUBMITT FRESH NOMINATION IN FORM NO.1.

\*\* Note 1) If the persons nominated are more than one this column should be filled in so as to cover the whole amount that may stand to the credit of subscriber in the fund at any time.  
 2) If the nominee is a minor and his guardian is a person other the subscriber the full name and address of the guardian should be stated.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, Place \_\_\_\_\_.

Nomination Registration No. \_\_\_\_\_

Signature of Subscriber Examined & Admitted \_\_\_\_\_

Two witnesses to Signature with detailed address :-

Name of Witnesses	Signature of Witness	Address of Witnesses .	
1) _____	_____	_____	Accounts Officer (PF) MSEB CPF TRUST, MUMBAI.
2) _____	_____	_____	

Always quote Nomination Registration No. in all correspondence.