

IGNCA/CPF/2

FORM OF NOMINATION

Account No. \_\_\_\_\_

\_\_\_\_\_ hereby nominate the person(s) mentioned below who is/are member(s) non-members of my family defined in rule 2(iii) of the IGNCAs contributory Provident Funds 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 & 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 persons(s) if any to whom the right of nominee shall pass in the event of his/her pre-deceasing the subscriber	If the nominee is not a member of the family as provided in rule 2(iii) indicate the reasons

Dated \_\_\_\_\_ day of \_\_\_\_\_ 2022 \_\_\_\_\_ at \_\_\_\_\_

IGNCA, New Delhi-110001.

Signature of the subscriber

Name in Block Letters \_\_\_\_\_

Designation \_\_\_\_\_

Two witness to signature

Name and Address

Signature

1.

2.