

**EMPLOYEES CONTRIBUTORY/GENERAL PROVIDENT FUND**

I hereby direct that the amount at my credit in the Provident Fund Account No.-----  
----- at the time of my death shall be distributed among the members of my family  
mentioned below in the manner shown against their names:-

Name & Address of the nominee or nominees	Relationship with the subscriber	Age of the nominee	Amount of share of the accumulation.

Station -----

Date -----

Two witnesses to the

Signature of the subscriber

Signature of the subscriber

- 1. -----
- 2. -----