

APPENDIX - 3 A

FORM OF DECLARATION

Deposit No. _____

(For _____

Depositor)

I hereby declare that in the event of my death the amount of my credit in the Provident fund shall be distributed among the persons mentioned below in the manner shows against their names.

The amount due to nominee(s) who is a minor / are minors at the time of my death should be paid to the person whose name appears in column 5.

Name and address of the nominees.	Relation-ship with the depositor.	Whether major or minor if minor state age.	Amount or share of deposit	Name and address of the person to whom payment on behalf of the minor	Sex and percentage of person mentioned in column-5
1	2	3	4	5	6

Here state married or unmarried.

Station :- _____

Date :- _____

Two witness to signature _____

Signature of depositor _____