

FORM OF NOMINATION: GP FUND

GPF Account No. _____

I, _____ here by nominate the person(s) mentioned below who is/are member(s) of my family as defined in Rule 2 of the General Provident Fund (Defence services) Rules 1960 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 full address of nominee(s)	Relationship with the subscriber	Age of the nominee	Share payable to each nominee	Contingencies on the happening of which the nomination will 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/her predeceasing the subscriber
1	2	3	4	5	6

Dated this _____ day of _____ at **Coast Guard Headquarters, New Delhi**

Place:

Signature: _____

Name:

Date: _____

Rank : _____ P No.

Witnesses Signatures:

(a) Name : _____ Rank : _____ No. _____ Signature: _____

(b) Name _____ Rank _____ No. _____ Signature: _____

SPACE FOR USE BY THE HEAD OF OFFICE

Nomination dated _____ made by _____

Designation _____ is accepted.

Date: _____

Signature of the Head of Office _____

Designation _____