

FORWARDED BY**Form F**

S.P.F. A/c. No.....

(Under Sub-Rule (1) of Rule 6)

NOMINATION

To

UNITED BANK OF INDIA

HEAD OFFICE, 11 HEMANTA BASU SARANI

KOLKATA - 700001.

Sri/Srimati/Kumari _____

(Name in full here in BLOCK LETTER)

whose particulars are given in the statement below, hereby nominate the person (s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person (s) mentioned is/are member(s) of my family within the meaning of clause(h) of section (2) of the Payment of Gratuity Act, 1972
3. I hereby declare that I have no family within meaning of clause (h) of section 2 of the said Act.
4. (a) My father/mother/parents is/are not dependent on me
(b) My husband's father/mother/parents is/are not dependent on my husband
5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause(h) of section 2 of the said Act.
6. Nomination made therein invalidates my previous nomination.

NOMINEE(S)

(1) Name in full with address of Nominee(s) IN BLOCK LETTER	(2) Relationship with the employee	(3) Age of Nominee	(4) Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			

STATEMENT

1. Name of employee in full (Block Capital)	—	1.
2. Sex	—	2.
3. Religion	—	3.
4. Whether unmarried/married/widow/widower	—	4.
5. Department Branch/Section where employed	—	5.
6. Post held with Ticket or Serial No. if any	—	6.
7. Date of appointment	—	7.

8. Permanent address	—	
a) Street & House No.	—	
b) Village	—	
c) Post Office	—	
d) Thana	—	
e) District	—	
f) Sub-Division	—	
g) State	—	

Place :

Date :

Signature/Thumb Impression of the Employee

S.P.F. A/c. No. _____

DECLARATION BY WITNESSES

Nomination signed/Thumb impressed before me.

Name in full and full address of Witnesses.

Signature of Witnesses.

1.

1.

2.

2.

Place :

Date :

CERTIFICATE OF THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Date

Chief Manager, Establishment Department
Head Office, 11 Hemanta Basu Sarani,
Kolkata - 700001.

Note :— Strike out the words/paragraph not applicable.