



APPENDIX – 3

FORM OF CHANGE OF NOMINATIONS

I Mr/Mrs/Miss _____ the member of the Private Provident
Fund Scheme, P.F A/c. No: _____ Dept. code: _____ do hereby
nominate my: _____ Mr/Mrs/Miss _____ CID
No. _____ Aged _____ years, residing at
_____ to be the person to whom money
shall be paid in the event of my death in lieu of Mr/Mrs/Miss/Master
_____ mentioned in the registration from (Appendix – 2).

Dated _____ the _____ day of _____ 20 _____

WITNESS

Signature: _____

Full Name: _____

CID No: _____

Designation: _____

Address: _____

(Signature of the member)

CID No: _____