

FORM NO. GPF 1
(See rule 5)
GOVERNMENT OF SIKKIM
FORM OF NOMINATION
(To be submitted in triplicate)

Account No.....

I.....hereby nominate the person (so mentioned below who is/are member (s) non-member (s) of my family as defined in rule 2 of the General Provident Fund (Sikkim Service) Rules, 1984 to receive the amount that may stand to my credit in the fund is as indicated below, in event of my death before the amount has become payable or having become payable has not been paid.

Name & full address of the nominee (s)	Relationship with subscriber	Age of the nominee (s)	Share payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name address & relationship of the person (s) if any to whom the right of the nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in rule 2, indicate the reasons.
1	2	3	4	5	6	7

Dated this.....day of.....

Signature of Subscriber.....

Name (in block

letter).....

Designation.....

(1) Signature of witness

Name (in block letters)

Address

Date

(2) Signature of witness.

Name (in block letters)

Address

Date

P.T.O.

No.....

Date.....

Forwarded in the triplicate to the Chief Pay & Accounts Officer, Government of Sikkim.

(Head of the Department/ Officer)

No...../ (PAO (GPF)

Date.....

Returned in duplicate to.....

The nomination of Shri/ Smt.....

..... received on.....

(designation)

is hereby acknowledge. One Copy of this may be delivered to the subscriber for his/her record.

Accounts Officer
Office of the Chief Pay & Accounts Officer
Government of Sikkim