

**FORM – I**  
**NOMINATION DECLARATION FORM**  
 (See rule 3)  
 Payment of Wages (Nomination) Rules, 2009

1. Name of person making nomination :  
(in block letters)
2. Father's/Husband's name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Address- Permanent:

Temporary:

I hereby nominate the person(s)/ cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event to my death.

Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. \*Certified that my father/mother is/are dependent upon me.
3. \*Strike out whichever is not applicable.

**(Signature or the thumb Impression of the employed person)**

**APL Employee Code:** \_\_\_\_\_

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum .....employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

**Signature of the employer or other authorised  
Officer of the establishment and  
Designation**

**Place:**

**Date:**

**Name and Address of the Factory/  
Establishment and rubber stamp thereof**