

FORM 'F'
[SEE SUB-RULE (1) OF RULE 6]
NOMINATION

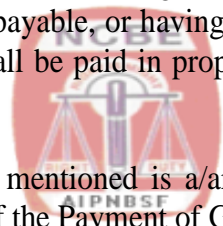
Office: _____ Dist. No.: _____ P.F. A/C No.: _____ Gratuity Code No.: _____

Date: _____

To

Office of the Trustees of Punjab National Bank Employees Gratuity Fund, HO: New Delhi

I, Shri/Shrimati/Kumariwhose 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 the 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 a/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 the meaning of clause (h) of section (2) of the said Act.
4. (a) My father/mother/parents is/are not dependant on me.
 (b) My husband's father/mother/parents is/are not dependant 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 herein invalidates my previous nomination.

NOMINEE(S)

Name in full with full address of nominee	Relationship with the employee	1. Whether major or minor 2. State date of birth in case of minor	Proportion of benefit	Name and full address of the person to whom payment is to be made on behalf of the minor beneficiary	Sex and percentage of person mentioned in column (5)	Signature of person mentioned in column (5) in token of consent to receive benefit on minor beneficiary
(1)	(2)	(3)	(4)	(5)	(6)	(7)