

FORM-A

(See Rule 6 (1))

FORM OF APPLICATION FOR ADMISSION TO THE KERALA HEADLOAD WORKERS WELFARE BOARD EMPLOYEE'S CONTRIBUTORY PROVIDENT FUND

(to be submitted in duplicate)

1	2	3	4	5	6	7	8	9	10	11
Name of Applicant	Designation	Office to which attached	Service to which the applicant belongs	Whether the applicant's service is pensionable or not	Whether the applicant is permanent, temporary or re-employed. If temporary given the date of commencement of service	Rate of emoluments per mensem	Rate of subscription per mensem	If the applicant is a subscriber to any other fund, the name of such fund	Whether the applicant has a family or not	Account Number to be allotted by the Finance Officer

A Form of nomination in the prescribed form duly filled in is enclosed

Enclosures :

Signature of the applicant

Signature of the Head Office with designation

Kerala Headload Workers Welfare Board
Ermakulam Dated

Returned with Account Number allotted. This number should be quoted in all correspondence connected therewith.

Signature :
Finance Officer

FIRST SCHEDULE
FORM OF NOMINATION
 [See Rule 6 (3)]

I, _____, when the subscriber has a family and wishes to nominate one member thereof.

_____ hereby nominate the person mentioned below who is a member of my family as defined in Rule 2 of the Kerala Headload Workers Welfare Board Employees Contributory Provident Fund Rules 1995, to receive the amount that may stand to my credit in the fund, in the event of my death before that amount has become payable or having become payable, has not been paid :

Name and address of nominee	Relationship with subscriber	Age	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person/persons, if any, to whom the right in the event of his predeceasing the subscriber
(1)	(2)	(3)	(4)	(5)

Dated this _____ day of _____ 20 _____ at _____

Signature of the subscriber

Two witnesses to signature

- 1.
- 2.