

ANNEXURE-II
KERALA STATE CO-OPERATIVE EMPLOYEES WELFARE BOARD
FORM OF NOMINATION

I, (Name of employee) hereby nominate the person(s) mentioned below to receive the amount of financial assistance under the Kerala State Co-operative Employees' Welfare Board scheme in the event of my death while in service or having become payable on my attaining the age of retirement may remain unpaid at my death.

1	2	3	4	5	6
Name and address of nominees (s)	Relationship with the employee	Age of the nominee	Share payable to each nominees	Contingencies on the happening of which the nomination shall become invalid	Name, address, relationship and age of the person to whom the right of the nominee shall pass in the event of his/her predeceasing the employee

Note : 1. Where an employee who has no family makes a nomination he shall specify in the column (5) that the nomination shall become invalid in the event of subsequently acquiring a family.

2. Share/shares of the amount of column (4) should cover the whole amount.

Dated thisday of20..... at

Name & Signature of two witnesses :

Signature of employee

1.

Countersigned

2.

(Name & Signature)
President of the Institution

(Name & Signature)
Chief Executive of the Institution

(Office Seal)